

# **Psychological Evaluations: A Uniformed Approach**

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## Background

The South Carolina Department of Juvenile Justice (DJJ) has long been thought of as the place where juveniles who commit heinous crimes go. Yes, juveniles who commit serious or violent crimes often end up at one of our long term facilities, however, as a state cabinet agency, DJJ also provides rehabilitation and custodial care for juveniles who are on probation and parole for a status (runaway, incorrigible or truancy) or criminal offense. The agency supports the Governor's mission by <sup>1</sup>"protecting the public and reclaiming juveniles through prevention, community programs, education, and rehabilitative services in the least restrictive environment."

<sup>2</sup>In fiscal year 2012-13, DJJ processed 16,754 new referrals. Referrals are received from law enforcement when a juvenile under the age of seventeen commits a criminal or status offense. Upon receipt of the referral from law enforcement, the Solicitor decision is made as whether to prosecute or not to prosecute a case. In part, this decision rests on the merits of the case, and the result may be dismissal or a determination not to prosecute (*nolle prosequi*). The Solicitor also may exercise non-judicial options, including diversion programs, which typically are used for first time and minor offenders. Arbitration programs, law-related education, and behavioral contracts provide a means of diverting appropriate cases from court while holding the offender accountable for his/her actions. Over half of the juvenile's cases do not advance beyond this point.

Cases referred for prosecution by the Solicitor as well as cases that have been diverted and the juvenile was unsuccessful completing their requirements appear before a Family Court Judge. <sup>3</sup>Family Court Judges committed 1,329 of the 9,118 juveniles prosecuted to DJJ for treatment and rehabilitation in either a long-term facility or alternative residential program.

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<sup>1</sup> DJJ Website ([www.state.sc.us/djj](http://www.state.sc.us/djj))

<sup>2</sup> 2012-13 Annual Statistical Report, p. 5

<sup>3</sup> 2012-13 Annual Statistical Report, p. 6

Family Court Judges base their decisions on the merits of the case and information provided to the court. <sup>4</sup>State law also allows for certain serious cases to be considered for waiver to Circuit (adult) Court.

The Family Court Judge may order DJJ to perform a psychological evaluation for a juvenile following an adjudication of delinquency. These evaluations are completed in a secure regional evaluation center operated by DJJ personnel or in the community prior to final disposition of the case. The evaluations are performed by a licensed psychologist who provide consultation and evaluation services consistent with the ethical standards of the American Psychological Association and the professional guidelines of the State of South Carolina Board of Examiners. The evaluators are employed by the Office of Treatment and Intervention Services and are strategically placed throughout the Community and Rehabilitative Services Divisions. <sup>5</sup>Psychologists are hired with doctoral or master's degrees in approved clinical counseling, or school psychology degree programs.

Community Evaluations that are ordered by the court typically take place in the juvenile's home or in a Short term Alternative Placement (STAP). Subsequently, evaluators are located in various County offices or may be responsible for certain areas of the State. They are known as Community Psychologists. <sup>6</sup>During the 2012-2013 fiscal year, 969 community evaluations were performed. During that same period of time six Waiver evaluations were performed to help Family Court Judges if a juvenile should be waived up to the Circuit (adult) Court.

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<sup>4</sup> S.C. Children's Code Section 63-19-20(1) and 63-19-1210

<sup>5</sup> DJJ Policy C-2.0, Section A, No. 2, p. 1

<sup>6</sup> 2012-13 Annual Statistical Report, p. 6 and DJJ Policy C-2.2

Residential evaluations ordered by the court take place at one of our three secure evaluation centers throughout the State. <sup>7</sup>A juvenile is committed to the custody of the evaluation center for up to 45 days for the evaluation and shall be returned to the court for further disposition. The Psychologists are located in the facilities and are part of the Rehabilitative Services Division. <sup>8</sup>In addition to psychological and pre-dispositional evaluations and reports, the evaluators also coordinate psychiatric services, referrals for special needs juveniles, provide crisis and brief counseling services, as well as provide training to DJJ staff and outside agencies or entities. A total of 1,329 residential evaluations were done during the 2012-2013 fiscal year (Annual Statistical Report).

### **Problem Statement**

Once the Family Court Judge issues an order for either a secure or community evaluation, a report is prepared by the DJJ Psychologist. There are approximately 41 psychologists within the agency. The evaluation process may vary from evaluation center, circuit, or manner in which the report is written including how and what tests are administered as well as the length of the report. Consultations and evaluations done in the community usually follow the following criteria:

- <sup>9</sup>During the evaluation assessment interview, the Psychologist will only talk about the juvenile's current charges.
- <sup>10</sup>Written reports documenting the results of the evaluation will be prepared and returned to the DJJ office making the referral. The extent of the formal testing used in the evaluations will be determined by the community psychologist and regional supervising psychologist.

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<sup>7</sup> DJJ Policy C-2.1 Section F, No. 4, p. 11

<sup>8</sup> Consultation and Evaluation Services Fact sheet, DJJ website ([www.state.sc.us/djj/treatment.php](http://www.state.sc.us/djj/treatment.php))

<sup>9</sup> DJJ Policy C-2.1 Section D, No. 4, p. 8

<sup>10</sup> DJJ Policy C-2.1 Section E, No. 8, p. 9



<sup>11</sup>Components of community psychological evaluations will also include an assessment in the following areas:

- 1.) Individual developmental history
- 2.) Individual functioning and current symptoms
- 3.) Family background and functioning
- 4.) Academic/vocational functioning
- 5.) Peer/social functioning
- 6.) Psychological/emotional functioning
- 7.) Community functioning
- 8.) Resiliency factors

Psychological testing includes measures of intelligence, scoring of academic achievement, psychomotor functioning, and personality tests. Screenings for substance abuse, internalizing and externalizing disorders, resiliency factors, as well as any other additional measures deemed appropriate by the Psychologist. The evaluation typically concludes with a diagnostic impression on the <sup>12</sup>DSM-V, summary along with comprehensive recommendations.

Evaluations done at the evaluation centers have the same components as community evaluations with the exception that they are done in a secure setting. Relevant information such as prior evaluations, school records, mental health records, and pertinent information is gathered by case managers in the county offices for the Psychologists to review prior to administering an evaluation. <sup>13</sup>Evaluations done at the evaluation centers must be completed within 45 days or sooner with the objective of returning the juvenile to the community at the earliest opportunity, unless the juvenile has been ordered by the Court to remain in detention pending the disposition of the case.

Although there are two different types of pre-dispositional evaluations, the expectations are the same with the goal to make appropriate recommendations to the Court based on testing,

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<sup>11</sup> DJJ Policy C-2.1 Section E, p. 9

<sup>12</sup> [www.psyweb.com](http://www.psyweb.com)

<sup>13</sup> DJJ policy G-3.2, Section A, p. 1

data, clinical research, and other assessments. However, the path to a completed report is very different and often unique in the various approaches taken by the evaluators. There are also certain advantages/disadvantages associated with each type of evaluation. For example, since community evaluations are typically done in a community setting (county office), parents or guardians are required to participate. First, the evaluation process is explained to them, then a parental interview is completed with the Psychologist. Parents may be asked depending on the Psychologist to complete rating scales and/or questionnaires such as the <sup>14</sup>Conners Scale and <sup>15</sup>BASC which primarily focuses on attention, behaviors, emotional, and adaptability. Having the parents or guardian present during these helps the Psychologist assess parent/child relationships based on body language, observation, and the interviews he/she may have with both parties.

In contrast, the evaluation center accomplishes this task with parents by conducting parental interviews by telephone when possible, therefore, do not get the benefit of seeing the interaction between parent and child. The advantage of having a juvenile's evaluation done in a secure setting at an evaluation center allows for a juvenile to be assessed by others outside of their communities to assess their resiliency factors, how they adjust to a new environment, new school, as well as their ability to get along with others. <sup>16</sup>Research suggests an emphasis on placing juveniles in the least restrictive environment. There are times when juveniles may require secure evaluations to protect the public or in some cases to protect the juvenile.

One of the many challenges Judges, Solicitors, Public Defenders, and county office staff faces is that often times the completed evaluations have not always reflected a uniformed

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<sup>14</sup> [www.healthline.com/health/adhd/conners-scale](http://www.healthline.com/health/adhd/conners-scale)

<sup>15</sup> [www.pearsonclinical.com/psychology/products/100000658/behavior-assessment-system-for-children-second-edition-basc-2.html](http://www.pearsonclinical.com/psychology/products/100000658/behavior-assessment-system-for-children-second-edition-basc-2.html)

<sup>16</sup> Change is Possible Article (American Probation and Parole Association) DJJ website ([www.state.sc.us/djj](http://www.state.sc.us/djj))



approach. At times they look different, or emphasis may have been placed on different content areas throughout the report, different types of tests are administered, and they also vary in length. The recommendations are always comprehensive and specific to the juveniles needs. It is important to note that although these evaluations are done by licensed Psychologists who are considered experts in their field, their audience consists of a non-clinical group of Judges, lawyers, front-line staff, and other treatment providers who are on a different learning curve and often focus on different areas of a report.

Decisions such as appropriate referrals, placement, sanctions, and treatment recommendations are made based on the results of the evaluation. A document with this much importance that is provided to the court and used as a forensic evaluation should be uniformed in it's approach with the intent not to take away the Psychologists individuality, decision making authority on testing, or approach to conducting an evaluation, but provide a valuable, easily understood report for the professional in the non-clinical world a document which is more consistent in its format and flow to make sound decisions that are in the best interests of the juvenile, his/her family, the victim, and overall public safety.

### **Data Collection and Analysis**

The data collection process began with looking at the total number of evaluations done in the community (969) during the 2012-2013 fiscal year (DJJ Annual Statistical Report) versus the total number of secure evaluations (1,329) during the same period. Next it was important to review the similarities and differences between the two reports. To ensure the quality of content in each type of report, I reviewed three secure evaluations done by three separate psychologists, then reviewed three community evaluations done by three separate community psychologists.

To gauge the perspective of a Psychologist and gain knowledge on their approach,

I spoke with the Director of Psychology, a Psychologist in a secure evaluation center, a Community Psychologist, and a Special Needs Coordinator who has an emphasis on Psycho-sexual evaluations which are ordered by the Court at times involving cases in which a sexual type offense or issue occurs. Upon completion of the discussions, it was unanimous that the issue needed to be explored further. The Director of Psychology pulled together a workgroup to look at standardizing evaluations and reviewing the existing policies based on the recommendations from the work group.

The workgroup consists of the Director of Psychology, a Supervising Psychologist, two Community Psychologists, and a Psychologist from an evaluation center. The workgroup meets monthly to review and develop implementation strategies.

The next step was to review all the existing policies related to psychological services from both the Community and Rehabilitative Service Divisions since the two evaluations are spread across two divisions within the agency. (Appendix A) Any recommendations being made by the workgroup on this initiative would require the existing policies to be reviewed to ensure compliance.

Additionally, the workgroup is attempting to enhance service delivery as well as assess the timeliness of reports from the time they are ordered by the Court until the time they return to Court for disposition. <sup>17</sup>A checklist was reviewed to see if the information requested was relevant to the evaluator.

After assessing from the Psychologists perspective, discussions were had with the customers who received the finished product to review what they like about the evaluations, what areas of the report are of particular interest, and to assess the need for the uniformity of the

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<sup>17</sup> DJJ Policy Form F-7.3C (Appendix A)

reports. This was accomplished through a telephone interview and questionnaire from a group consisting of Family Court Judges, Solicitors, Public Defenders, and county office staff.

The overall goal in the research was to discuss with each group how to improve our existing process, flow of information, and seek input from each other as it relates to our needs and our roles and responsibilities.

The evaluations which were reviewed were very thorough. Due to the confidential nature of these evaluations, I will report my findings through the use of the headings used on the reports without emphasis on any of the content found under each heading. One of the community evaluations is from October of the year 2012. This report was selected as a result of being written before the creation of the workgroup. The community evaluations usually consists of the identifying information specific to the juvenile, such as name, JJMS number, county, date of birth, the date of the report, and who (case manager) referred the case to what (psychologist) evaluator. Next, is a referral statement followed by a confidentiality statement. The report also has the following content:

- DJJ file and summary of current charges
- Sources of information
- Background information
- Family functioning
- Behavioral observations
- Mental status
- Juvenile's account of offense/acknowledgement of harm caused
- Cognitive/academic functioning
- Personality/emotional functioning
- Summary
- Resiliency factors
- Diagnostic impression
- Needs and recommendations

The second report used in comparison is from January 2015. This report was chosen due to the fact it was conducted after the workgroup had been established to review and compare



recommendations as it relates to the changes the workgroup has suggested to this process. The content of the report was similar, however, headings were changed based on the workgroups recommendations. (Appendix B)

Secure evaluation reports were formatted differently. (Appendix C) For this comparison, I compared an evaluation done in May of 2011. One physical difference in terms of the makeup of the report was a cover page which displayed the juvenile's picture. The second page of the report included a recommendation based on the results of the report along with a legal history and court order. All other elements of the report were the same as that of a community evaluation with the exception of a section detailing the juvenile's adjustment to the evaluation center. The report from 2011 also contained information that was obtained by a Social Worker who conducted parts of the evaluation allowing the psychologist to focus primarily on testing and interpreting the scores from the various tests administered. The evaluation I reviewed took place after the workgroup was established and is from December 2014. (Appendix C) It followed the same basic principles of the January 2015 community evaluation. The entire secure evaluation is now done by the psychologist as opposed to having the Social Worker do parts of the evaluation. While changes are being piloted at this point, steps are being developed to address possible changes in the existing policies. (Appendix A)

Based on the feedback and implementation of a few changes (Appendix D) as a result of the workgroup, I completed an informal questionnaire that was done with a Family Court Judge, a Solicitor, a Public Defender, a county office supervisor and front-line staff due to the fact the policy has not been updated, it was determined that a Q & A was the best approach to illicit feedback to the workgroup. (Appendix E) The responses were mostly positive as it relates to the importance of evaluations. A lot of valuable information is gathered which was helpful in

making sentencing recommendations, according to the Solicitor. The content is easily understood, however, the Solicitor reported some of the explanations of the IQ are a bit long. They all like the reports for a lot of similar reasons, citing the family functioning, and summary which provide insight into understanding causes, motives, and behaviors. The Public Defender noted the juvenile's account of the offense, in particular, often varies from what is in an incident report. As far as the county office staff, the front-line worker appreciates the background information, past/current relationship of parents, the make-up of the household, and the juvenile's opinion of his/her parent. While the supervisor found the testing data to be extremely helpful as well as the fact the recommendations are well thought. The Family Court Judges concurred in pretty much all of the above and appreciates how detailed these evaluations are.

<sup>18</sup>Forensic (psychological) evaluations regarding disposition is one of the most common types of evaluations in juvenile court. It focuses on the balance between *parens patriae* model (promoting the needs and best interests of children and adolescents) and the police power of the state (promoting the protection and general welfare of the entire community).

### **Summary and Recommendations**

As a result of the information gathered, the workgroup will continue to meet monthly to look at ways to improve the way the reports are written. A Question and Answer bulletin (Appendix F) has been developed to share with other agencies, juvenile justice practitioners, the court, and parents to help individuals better understand the process and outcomes.

DJJ is now placing more emphasis than ever to provide resources and services to the juveniles on the front end as opposed to a back-ended approach. Our cases are becoming more complex and so many of our juveniles enter our system with special needs issues or with a

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<sup>18</sup> Journal of the American Academy of Child & Adolescent Psychiatry Volume 50 Number 12 December 2011. [www.jaacap.org](http://www.jaacap.org)



variety of other agency involvement. Due to smaller caseloads, case managers can provide more time ensuring their client's needs are being met and recommendations are being followed based on the many evaluator's findings. More cases are being staffed and these staffings take place with either a local Community Psychologist or a Psychologist from the evaluation centers.

In addition, more pre-court staffings are occurring before the evaluation report is even completed to ensure that all entities are involved in the process and recommendations are made based on a team approach.

Upon further review, it is of the opinion of this researcher that the Agency is well on its way to improving the process, style, and overall appearance of psychological evaluations both from a community and secure perspective to improve in a variety of ways. Not only will our efforts improve our delivery of services and outcomes for our juveniles, we as an Agency will provide a thorough, well written report done by some of the best Psychologists in the field of psychology. More importantly, having open communication throughout the process and knowing what to look for and where to find it assists us in carrying out our mission "to protect the public and reclaim juveniles through prevention, community programs, education, and rehabilitative services in the least restrictive environment."

Consider the possibilities through a uniformed approach in which a Psychologist can communicate through a well written report to Judges, Solicitors, Public Defenders, and county office case managers in a language that everyone understands without the use of an interpreter. Not only will we reclaim our juveniles, but our mission will be accomplished to better serve our youth!

## **Appendix A: Consultations and Evaluation Services Policies**

- **DJJ Policy C 2.0-2-3**
- **DJJ Policy G 3.2**
- **DJJ Form F-7.3C Evaluation/Commitment/Transfer Checklist**

**STATE OF SOUTH CAROLINA DEPARTMENT OF JUVENILE JUSTICE**  
**POLICY AND PROCEDURAL GUIDELINES**

Authority:	Community and Rehabilitative Services	Policy No.:	C-2.0	Page:	1 of 5
Title:	Scope of DJJ Clinical Services				
December 8, 2008 Approval Date		S/William R. Byars, Jr. William R. Byars, Jr. Director			

**POLICY:** The Department of Juvenile Justice (DJJ) will provide clinical services to juveniles. Clinical services encompass the professional practices of counseling, chaplaincy, psychology, psychiatry, and social work and will be conducted in accordance with the standards set by those professional organizations' guidelines and the Council of Juvenile Correctional Administrator's Performance-based Standards (PbS).

**PROCEDURAL GUIDELINES:**

A. Professional Credentials

1. The Director of Consultation and Evaluation Services is the Mental Health Authority for Community Psychology Services and the Director of Clinical and Professional Services is the Mental Health Authority for Rehabilitative Psychology Services within the Broad River Road Complex (BRRC). The Directors will be doctoral level clinical or counseling psychologists, licensed in accordance with Regulations Chapter 100 of the South Carolina Board of Examiners in Psychology, and will maintain their licenses in good standing with the State Board of Examiners in Psychology.
2. Psychologists will be hired with doctoral or master's degrees in approved clinical, counseling, or school psychology degree programs. Clinical supervision will be provided to psychology employees by Licensed Psychologists, consistent with the ethical standards of the American Psychological Association and the professional guidelines of the South Carolina Board of Examiners. Supervising psychologists will be either licensed for independent practice or will be under contract with the Licensing Board and practicing under the clinical supervision of a licensed Psychologist in accordance with the Regulations of the State Board of Examiners in Psychology. Supervising Psychologists will complete all state requirements for license renewal. Loss of license will be grounds for terminating employment. All personnel who are working for DJJ as psychologists will be expected to adhere to the ethical guidelines and principles, as well as the continuing education requirements established by the American Psychological Association, as a condition of their continued employment. Psychologists who are not licensed when hired at the doctoral or masters level in clinical, counseling, or school psychology will be expected to actively pursue licensure in the appropriate



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category as befits that individual's training, and DJJ will make reasonable efforts to assist with licensing requirements, with respect to supervision for licensure, continuing education, and/or other licensure requirements.

3. Psychiatry services are contracted through DJJ Health Services. Psychiatrists will have a current medical license and be certified by the American Medical Association in the practice of psychiatry, preferably in adolescent psychiatry.
4. Each DJJ Group Home has a Lead Clinical Staff at a master's degree level from a social work program accredited by the Council on Social Work Education and must be licensed as an LMSW or LISW by the South Carolina Board of Social Worker Examiners. Human Service Coordinators employed at DJJ Group Homes are at a master's degree level in a social science field.
5. The Community Services and Rehabilitative Services Coordinators of Special Needs Case Management will be a doctoral or master's degree level in psychology or social work and must be licensed. Treatment Directors who are psychologists must be licensed as described in section A.2. of this policy. Treatment Directors who are social workers must be licensed as a Licensed Master Social Worker (LMSW).
6. DJJ Directors of Treatment Services will be doctoral level or master's degree level in psychology or social work and must be licensed. Treatment Directors who are psychologists must be licensed as described in section A.2. of this policy. Treatment Directors who are social workers must be licensed as a Licensed Master Social Worker (LMSW) or a Licensed Independent Social Worker (LISW).
7. Program Managers/Lead Clinicians within the BRRC will be a master's degree level in social work and must be licensed as a Licensed Master Social Worker (LMSW) or a Licensed Independent Social Worker (LISW).
8. DJJ Social Workers must be licensed by the South Carolina Board of Social Work Examiners as a Licensed Master Social Worker (LMSW) or a Licensed Independent Social Worker (LISW). Social Workers will complete all South Carolina requirements for license renewal. Loss of license will be grounds for terminating employment. Social Workers who have a master's degree, but are not licensed, will be expected to actively pursue licensure, and DJJ will make reasonable efforts to assist with licensing requirements, with respect to supervision for licensure, continuing education, and/or other licensure requirements.
9. DJJ Clinicians, other than Social Workers, must be licensed by the South Carolina Licensing Board in their area. Clinicians must have a graduate degree in the social or behavioral sciences (e.g., psychology, social work, or counseling). Employees

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in Human Service Coordinator positions must have a master's degree in social work or behavioral science. They will be encouraged to test for licensure as quickly as possible.

10. DJJ Chaplains are required to meet the State Clinical Chaplaincy standards and to maintain professional growth, as follows: A Master of Divinity degree or equivalent from a seminary accredited by the Association of Theological Schools; four units of Clinical Pastoral Education from a program accredited by the Association of Clinical Pastoral Education; three years of ministry experience; ordination and endorsement by the religious government body; and participation in continuing education and maintaining a close relationship with the endorsing denomination by attending up to 3 days of appropriate denominational conferences annually.
  - a. The Midlands Evaluation Center and Detention Center Facility Managers co-supervise the Evaluation Center Chaplain and all religious programs, services, and activities offered at their respective facilities.
  - b. The Broad River Road Complex (BRRRC) employs a Chief Chaplain in the Division of Rehabilitative Services who is supervised by the Director of Institutional Management. The Chief Chaplain supervises the BRRRC Chaplains and all religious programs, services, and activities within the BRRRC.
  - c. The Facility Managers at all other juvenile residential programs without employed Chaplains supervise all religious programs, services, and activities. Approved DJJ volunteers provide the programs, services, and activities at their respective facilities.
11. All clinical employees are responsible to maintain their professional credential/licensure and will provide a photocopy of their credentials/licenses each year to their supervisor and to the Director of Human Resources for retention in their site and central human resources records.

#### B. Clinical/Managerial Supervision

1. The Director of Consultation and Evaluation Services and the Director of Clinical and Professional Services will provide clinical oversight for psychology services in their areas and will ensure that psychology employees are current in their professional credentials. They will both provide consultation regarding juvenile placement decisions.
2. Master's Degree level psychologists will practice under the clinical and managerial supervision of a Supervising Psychologist. Psychologists who are completing requirements for licensed Professional Counselor licensure will work



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to facilitate communication and coordination of clinical supervision between their DJJ Supervising Psychologist and other clinical supervisors they may have who are not DJJ employees.

3. The Director of Health Services will oversee psychiatry services and ensure that contracted services are appropriately provided and that the psychiatrist is current in his/her professional credentials.
4. Community and Rehabilitative Services Coordinators of Special Needs Case Management assists with services to seriously mentally ill and mentally retarded juveniles.
5. The Treatment Directors assigned to the Detention Center and Evaluation Centers will provide professional oversight for the practices of psychology and social work and will determine and manage clinical services within their facilities.
6. The Director of Treatment Services assigned to the BRRC will provide oversight for the practice of social work, supervise the Program Managers/Lead Clinicians and Clinical Coordinator, and manage treatment programs and services.

#### C. Provision of Clinical Services

Clinical Services are detailed in the C section of the DJJ policy manual.

A clear perspective must be maintained regarding the duties of clinical services so that the needs of juveniles and the safety of the community are properly balanced. One need should not be met to the exclusion of the other.

1. Community: The Community has Psychologists and the Community Services Coordinator of Special Needs and Case Management assigned to provide consultation and evaluation services for the DJJ county office staff.
2. Detention and Evaluation Centers: The Detention and Evaluation Centers have a Treatment Director, Psychologist, and Social Workers assigned to provide consultation, assessments, evaluations, crisis intervention, brief therapeutic counseling, medical necessity evaluation, and to serve on Multidisciplinary Teams, as necessary.
3. Each Group Home has a Lead Clinical Staff to manage clinical services, and Human Services Coordinators and Social Workers to provide clinical services.
4. Broad River Road Complex: BRRC has a Treatment Director, Psychologists, a Coordinator of Special Needs and Case Management, and Social Workers

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assigned to provide comprehensive treatment and rehabilitative services to juveniles and their families.

D. Clinical Staff Work Schedules

Clinical staff will work schedules conducive to their job responsibilities. Consideration will be given to factors like education schedule mandates, recreation periods, providing direct services to juveniles and their families, and the amount of paperwork required for the position. Clinical staff may be required to work some evenings, weekends, and/or flex work schedules, as determined by their supervisor. It is the responsibility of the supervisor to schedule clinical staff to work schedules.

E. Collaboration and Continuity of Services

Clinical staff from all DJJ areas/offices will communicate and collaborate to ensure that juveniles needing services are identified and are receiving such services. Clinical staff will ensure that juveniles continue to receive appropriate clinical services as they progress through the DJJ system and community supervision. Clinical staff will communicate with County and Classification Case Managers, as well as employees from other agencies that are providing services to juveniles.

**RELATED FORMS AND ATTACHMENTS:**

None

**LOCAL PROCEDURAL GUIDE REQUIREMENT:**

It is required that each Broad River Road Complex residential treatment program have a current Program Manual.

**SCOPE:**

This policy applies to the Directors of Consultation and Evaluation, Clinical and Professional Services, Health Services, Treatment Services, and Psychologists, Program Managers/Lead Clinicians, Social Workers, and Chaplains.

**TRAINING REQUIREMENT:**

The Directors of Consultation and Evaluation, Clinical and Professional Services, Health Services, Treatment Services, and Psychologists, Program Managers/Lead Clinicians, Social Workers, and Chaplains are required to review this policy within 30 days of its publication.



**STATE OF SOUTH CAROLINA DEPARTMENT OF JUVENILE JUSTICE**  
**POLICY AND PROCEDURAL GUIDELINES**

Authority:	Community Services Consultation and Evaluation	Policy No.:	C-2.1	Page:	1 of 13
Title:	Scope of Consultation and Evaluation Services				
November 12, 2008 Approval Date		S/William R. Byars, Jr. William R. Byars, Jr. Director			

**POLICY:** The Department of Juvenile Justice (DJJ) Office of Consultation and Evaluation Services will support psychological services to juveniles at the DJJ Detention Center, Evaluation Centers, and juveniles being served by County Offices. Consultation and Evaluation Services will ensure the provision of consultation, crisis and brief counseling services, psychological and pre-dispositional evaluations and reports, coordination of psychiatry services, coordination of services for special needs juveniles, general sessions waiver evaluations and reports, and training and educational services to DJJ staff and outside agencies or entities.

**PROCEDURAL GUIDELINES:**

A. Roles and Responsibilities

1. The Director of Consultation and Evaluation Services is the Mental Health Authority for Community Psychology and will provide clinical oversight for psychology services for the Community Services Division of DJJ. He/she will ensure that psychology employees are current in their professional credentials.
2. Licensed psychologists will provide clinical supervision to psychology employees, consistent with the ethical standards of the American Psychological Association and the professional guidelines of the South Carolina Board of Examiners. The practice of psychology at DJJ will be conducted in accordance with the standards set by these governing bodies and consistent with the Council of Juvenile Correctional Administrator's Performance-based Standards.
3. Psychology employees will provide services according to law, established standards, and in compliance with DJJ policies. They will maintain their credentials and provide a photocopy of their license to the Director of Consultation and Evaluation Services and the Director of Human Resources upon annual renewal.
4. The Director of Health Services will ensure psychiatry services for juveniles in the Detention and Evaluation Centers.

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## B. Scope of Consultation and Evaluation Services

### 1. Consultations

- a. Consultations will be provided as needed in the community and the Detention and Evaluation Centers. County Case Managers will contact Community Psychologists concerning consults in the community. In the Detention and Evaluation Centers, written referral for psychological services or case consultation will be made to the juvenile's assigned Psychologist through the Psychology Services Referral (Form C-OD) and may be initiated by any DJJ employee or the juvenile's Parole Examiner. The Psychologist will contact the referral source when necessary to obtain additional information or clarification.
- b. Upon receipt of a referral, for a community consultation, it is the responsibility of the Psychologist to determine the most appropriate means for addressing the referral question(s). Assessment may include, but not be limited to, clinical interview, chart review, formal psychological testing, or referral for psychiatric or other medical evaluations.
- c. Referrals from the Detention and Evaluation Centers will be prioritized according to severity of need, and a written response that addresses the referral question(s) and outlines an assessment plan to address the question(s) will be forwarded to the juvenile's assigned Social Worker as soon as possible. The Social Worker will advise the referring staff member that action has been taken.
- d. Upon completion of the consultation, the Psychologist will arrange for the juvenile to receive appropriate services. When short-term psychotherapy is indicated for a juvenile in the Detention Center or an Evaluation Center, the Psychologist will add the juvenile to his/her caseload. When psychiatric services are indicated, the Psychologist will schedule the juvenile for psychiatry clinic.

### 2. Crisis Intervention

Crisis intervention services will be provided as needed to juveniles served in the Detention Center and Evaluation Centers, consistent with DJJ Policy C-2.6, Clinical Crisis Intervention. Crisis intervention services will be short-term in nature, sufficient to meet the immediate concerns of the referring party, and will continue only until the Psychologist determines that the juvenile has stabilized or has been transferred to an appropriate treatment setting. This will be documented on the Clinical Crisis Intervention Referral (Form C-2.6A). If a juvenile in the community is in crisis, the County Case Manager will refer the juvenile to the local mental health center or emergency room for assessment and stabilization.



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### 3. Counseling

Psychologists in Detention and Evaluation Centers will provide brief therapeutic counseling sessions upon request from juveniles or employees. Consultation and Evaluation staff will provide brief, time-limited therapeutic and referral services to juveniles and their families served in the community. These will be documented on the Psychology Service Note (Form C-OE).

### 4. Medical Necessity Evaluations

- a. Medical Necessity Evaluations will be provided to Medicaid eligible juveniles in Detention and Evaluation Centers and in the community to identify their level of care and treatment needs for community-based programs and services. The Medical Necessity Statement (Form B-6.1A) will be completed and will serve as a preliminary treatment plan for the first 30 days of service.
- b. Medical Necessity Evaluations will be based on any or all of the following:
  - 1) Interviews with the juvenile.
  - 2) Interviews with the juvenile's family or caregiver.
  - 3) Interviews with DJJ staff providing services to the juvenile and interviews with other treatment providers.
  - 4) A review of relevant treatment and school records.
  - 5) Recommendations from DJJ and other Agency's professional staff.

### 5. Coordination of Psychiatric Services

Psychologists in Detention and Evaluation Centers will coordinate psychiatry services for juveniles in their assigned facilities. DJJ Health Services will conduct a Psychiatry Clinic for juveniles in the Detention or Evaluation Centers a minimum of once per week. A Psychologist at each facility will be assigned the responsibility of assisting in the coordination of this clinic and will remain available during clinic hours to present cases to and consult with the Psychiatrist. In conjunction with Health Services, the Psychiatrist will monitor medication renewals and order follow-up appointments. The Psychologist will write a clinical summary for each juvenile seen and forward these summaries to the juveniles' Social Worker for inclusion in the juvenile's clinical record within 2 workdays.



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6. Multidisciplinary Teams and Juvenile Staffings

Consultation and Evaluation Staff and Facility Psychologists will serve as members of multidisciplinary teams to provide input into a juvenile's treatment plan, placement, and other issues.

7. General Sessions Court Waiver Evaluation

Pursuant to court order, Consultation and Evaluation staff will conduct Juvenile Waiver Evaluations to assist the Family Court in determining whether a juvenile should be adjudicated in the Family Court or whether the juvenile should be tried in the Court of General Sessions. Juvenile Waiver Evaluations will be conducted consistent with DJJ Policy C-2.2, Juvenile Evaluation for General Sessions Court Waiver.

8. Training Services

Consultation and Evaluation staff will provide training on issues related to psychological evaluation, functioning, rehabilitation, and treatment to DJJ staff and appropriate groups outside the Department. The purpose of this training is to increase skill levels of staff, establish a common knowledge base, promote the appropriate use of local DJJ psychological services, encourage the use of least restrictive treatment and services, develop local services for juveniles and their families, and facilitate working relationships between divisions and departments at DJJ and between DJJ and other agencies.

C. Provision of Services

1. DJJ Detention Center

The Psychologist assigned to the Detention Center will provide consultation services when court-ordered and when referred from Social Workers.

2. Evaluation Centers

Psychologists and other clinical staff assigned to Evaluation Centers will provide assessment and consultation services when court-ordered, upon referral, and to assist multidisciplinary teams to identify the juvenile's strengths, needs, risks, and recurring problems/concerns, recommend interagency interventions, recommend placement, and assist with other issues related to placement, supervision, and rehabilitative services.

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### 3. County Offices

Psychologists assigned to County Offices will consult with DJJ County staff to assist in the development of case management strategies and recommendations for individual cases. Consultation and Evaluation Staff will provide consultation assistance to DJJ County offices in obtaining necessary or court-ordered services, (e.g., psychiatric or neurological examinations), assistance in coordination of services with other agencies, and assistance in developing specialized educational/instructional programs related to treatment issues. Consultation may be provided by telephone or in person. When necessary, consultation results may be provided in written form.

### 4. Probation or Parole Revocation

The County Case Manager will request consultation with the assigned Community Psychologist prior to scheduling a probation or parole revocation hearing for a juvenile, unless the juvenile is an immediate threat to self or public safety. The Psychologist will provide consultation as requested prior to a revocation hearing and determine if alternative services are appropriate and available in the community where the juvenile resides.

### 5. Juveniles with Special Needs

- a. Juveniles with special needs are juveniles meeting the following criteria:
  - 1) An IQ less than 70.
  - 2) Juveniles on medication for their mood or behavior.
  - 3) Juveniles with current multi-agency involvement or history of significant mental illness or mental retardation.
- b. Consultation and Evaluation staff will provide consultation to DJJ staff and outside agencies/entities as needed for juveniles with special needs. The purpose is to assist staff in making appropriate treatment and case management recommendations and to review the juvenile's progress once treatment has been initiated. In some cases, these case consultations may be provided in written form to reflect staff recommendations prior to court procedures.
- c. The Evaluation Center staff will request consultation services for juveniles with mental illness or significant developmental delays from the Community Services Coordinator of Special Needs and Case Management when placement is being recommended or when such youth are recommended for commitment. A consultation and recommendation



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summary will be documented in the juvenile's case management record. The Community Services Coordinator of Special Needs and Case Management will document a staffing summary for cases when an interagency staffing is convened.

- d. County Office staff will consult with their assigned Psychologist to address the treatment and referral issues of juveniles with special needs.
- e. County Office staff will consult with the Community Services Coordinator of Special Needs Case Management and/or the psychologist assigned to that county whenever placement is being sought for a juvenile with:
  - 1) Current multi-agency involvement.
  - 2) Significant mental illness or mental retardation.
  - 3) Complex treatment or medical needs.
- f. The County Case Manager will request consultation with the assigned Psychologist prior to scheduling a probation or parole revocation hearing, unless the juvenile is an immediate threat to public safety.
- g. County Office staff will complete and forward relevant case records to the assigned Psychologist and the Community Services Coordinator of Special Needs Case Management prior to the scheduled case staffing.
- h. The Psychologist will document the consultation and recommendations in the juvenile's case management record. The Community Services Coordinator of Special Needs Case Management will document interagency staffing recommendations.
- i. If the progress of a special needs juvenile has not been satisfactory for at least 45 days, County Office staff will request further consultation with the assigned Psychologist and Community Services Coordinator of Special Needs Case Management to determine whether additional services or actions are needed (e.g., multi-agency meeting).

#### 6. Multi-Agency Involvement

DJJ Community Psychologists will provide pre-court staffing services for juveniles with existing multi-agency involvement (e.g., Department of Social Services, Department of Disabilities and Special Needs, Continuum of Care, Department of Mental Health, and Special Education Services). In these types of cases, the Community Psychologist or Community Services Coordinator for Special Needs Case Management may be asked to provide a Case Consultation



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Report. The Case Consultation Report will provide a brief, written summary of more important case issues, including some or all of the following:

- a. History of charges and problems.
- b. Response to treatment and supervision, including probation supervision.
- c. Review of known resiliency factors and needs.
- d. Review of known delinquency risk factors.
- e. Review of known family, school, and social functioning factors.
- f. Summary of interview with juvenile and family/guardian, if conducted.
- g. Summary of preliminary recommendations.

D. Pre-Adjudicatory Consultations and Evaluations Done in the Community

1. Pre-adjudicatory psychological consultations and evaluations are conducted only under one or more of the following conditions:
  - a. Upon consent/court order.
  - b. As part of the court ordered waiver evaluation for General Sessions Court, consistent with DJJ Policy C-2.2, Juvenile Evaluation for General Sessions Court Waiver.
  - c. For purposes of treatment planning after consultation with the Office of Consultation and Evaluation Services when it is suspected that a juvenile may be serious mentally ill or seriously mentally retarded.
  - d. When the DJJ County Director, the juvenile's attorney, the Solicitor, the Judge, the Community Psychologist, the Supervising Psychologist, and the juvenile's parents/guardians agree that the evaluation is in the best interest of the juvenile.
2. If the evaluation is not court ordered, permission from the parent/guardian for evaluation will be obtained before the evaluation is conducted, using the Parent/Guardian Permission for Psychological Evaluation (Form C-2.1A).
3. If there is concern that a juvenile may be seriously mentally ill or mentally retarded, the Psychologist will first compile information to determine if a Competency Evaluation is warranted. If such a competency evaluation appears to be warranted, the DJJ County Office will alert the Solicitor and the juvenile's

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attorney so that an appropriate order for a Competency Evaluation can be requested.

4. During the evaluation assessment interview, the Psychologist will only inquire about the juvenile's current charges if court ordered to do so or if all parties (County Case Manager, Judge, Solicitor, juvenile's attorney, and juvenile's parent/guardian) agree that this type of inquiry is in the juvenile's best interest.
5. Written reports documenting the results of the evaluation will be prepared and returned to the DJJ County Office making the referral. The extent of formal testing used in pre-adjudicatory consultations/evaluations (other than waiver evaluations) will be determined by the community psychologist and regional supervising psychologist.

#### E. Pre-Adjudicatory Evaluations Done in the Community

1. Consultation and Evaluation Services will complete written psychological reports for juveniles when ordered by the court and/or upon request by the DJJ County Case Manager when there is a suspicion of serious mental illness or mental retardation, or for placement purposes.
2. Each DJJ County Office will have a psychologist designated to perform or oversee community evaluations and consultations for that county. If necessary, other community psychologists and/or contract providers will also provide these services to that office, as needed.
3. The County Case Manager will compile an Evaluation/Commitment/Transfer Packet when he/she requests a psychological evaluation or consultation or when he/she receives a court order requiring DJJ to conduct a community psychological evaluation/consultation. This packet will include all information listed on the Evaluation/Commitment/Transfer Checklist (Form G-3.1A) and the County Case Manager will use this checklist to ensure that the packet is complete. Information in the packet will be reviewed by the Psychologist as part of the evaluation or consultation.
4. Records of past psychological or psychiatric evaluations, DJJ evaluations, and psychiatric hospitalization records will be provided/obtained by County DJJ staff if evaluations occurred in the past 3 years. Education records from the current school year or the last school year attended will be provided, including the most recent psycho-educational evaluation and Individualized Education Plan (IEP), if the juvenile has been designated as eligible for special education services.
5. If the evaluation is not court-ordered, the parent or legal guardian's permission for the evaluation will be obtained in writing prior to the evaluation, using the Parent/Guardian Permission for Psychological Evaluation (Form C-2.1A).



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6. The County Case Manager will forward the completed Evaluation/Commitment/Transfer Checklist (Form G-3.1A), all information listed on the checklist, and the court order requiring DJJ to conduct the psychological evaluation to the Community Psychologist. The Community Psychologist will conduct the psychological evaluation upon receipt of this information.
7. If necessary records are not included in the referral packet, the County Case Manager will provide written reasons for the delay and the expected date of arrival of the records on the Evaluation/Commitment/Transfer Checklist and forward it to the Psychologist.
8. Components of Community Psychological Evaluations:
  - a. The Community Evaluation will include assessment of the following areas:
    - 1) Individual developmental history.
    - 2) Individual functioning and current symptoms.
    - 3) Family background and functioning.
    - 4) Academic/vocational functioning.
    - 5) Peer/social functioning.
    - 6) Psychological/Emotional Functioning
    - 7) Community functioning.
    - 8) Resiliency factors and needs.
  - b. Psychological testing will include:
    - 1) One measure of intelligence, individually administered, if valid intelligence test results given within the past 2 years are not available. Validated, brief measures of intelligence may be used. If the obtained scores indicate borderline intellectual functioning or below, administration of a full intelligence test battery may be needed. The evaluating psychologist and his/her clinical supervisor will determine whether a full intelligence battery is appropriate. If results of cognitive assessment indicate functioning in the mentally deficient range, an additional measure of adaptive functioning must be completed.



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- 2) Screening of academic achievement in at least 2 areas, to include at minimum measures of reading comprehension and mathematics ability. Achievement measures will not be needed if valid results of individual achievement tests are available from within the past 6 months.
  - 3) One measure of psychomotor function.
  - 4) Two measures of personality (at least one of which must be objective) or one measure of personality and one norm-referenced behavioral rating scale. Examples of behavior rating scales include the BASC system, CBCL system, or the Revised Conners Rating Scales, among others. Norm-referenced behavioral rating scales completed by either a parent or a teacher (preferably both if school is in session) will be used in all cases where the juvenile being evaluated is at or below age 11.
  - 5) Screening for substance abuse.
  - 6) Screening for internalizing and externalizing disorders.
  - 7) Assessment of resiliency factors and needs.
  - 8) Any additional or substitute measures deemed appropriate by the Psychologist.
9. Following assessment, the Psychologist will prepare a written evaluation report including relevant factors that relate to delinquency occurring in the following realms of functioning: individual, school, family, social, and community. Relevant records will be summarized. The following basic elements will be required:
- a. An explanation of the purpose of the evaluation and for whom it is being prepared.
  - b. A statement of non-confidentiality.
  - c. A listing of all sources of information.
  - d. A summary of past and current DJJ involvement.
  - e. The juvenile's account of his/her offense(s) and statement of harm caused to self, individual victim(s), and the community.

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- f. A summary of the clinical interview with the parents or guardians to provide information on family functioning, background information, resiliency factors, and delinquency risk factors.
- g. A summary of the juvenile's academic/school functioning.
- h. A summary of the clinical interview of the juvenile and summary and interpretation of test data and records relevant to the juvenile's individual functioning.
- i. A summary of information on peer relations and community factors, especially those related to delinquency.
- j. A listing of relevant resiliency factors for the juvenile/family.
- k. An Axis V diagnostic impression (a five axis diagnosis corresponding to DSM IV-TR or later system is strongly recommended).
- l. Comprehensive recommendations.

F. Post-Adjudicatory Evaluations Done at Evaluation Centers

- 1. Comprehensive psychosocial evaluations will be completed as part of the complete evaluation center product for the Pre-dispositional Evaluation Report for juveniles committed by Family Court order to DJJ Evaluation Centers.
- 2. When a juvenile is court-ordered for a pre-dispositional evaluation at an Evaluation Center, the County Case Manager will send all available information on the Evaluation/Commitment/Transfer Checklist (Form G-3.1A) to the appropriate Evaluation Center within 2 working days.
- 3. Evaluation Center staff will complete a comprehensive evaluation of the juvenile and prepare the Pre-Dispositional Evaluation Report to include the same components noted for Community Psychological Evaluations in section C-8 of this policy.
- 4. Pre-Dispositional Evaluations will be completed within 45 days or sooner, with the objective of returning the juvenile to the community at the earliest opportunity, unless the juvenile has been placed on a Detention Order.

G. Protocol for Sharing Evaluation Reports/Information with Parents/Guardians

DJJ Juvenile Evaluation Reports and information will be shared with parents/guardians, as follows:



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1. The report/information will not be disclosed until after the dispositional hearing in which the Judge reviewed the evaluation report. The report/information will only be provided to the parent/guardian in a face-to-face meeting.
2. The parents/guardians must submit a written request to the County Case Manager to have the evaluation report/information reviewed with them no later than 1 month following the dispositional hearing.
3. The County Case Manager will schedule a meeting with him/herself, the Community Psychologist, and the parents/guardians within 2 weeks of the dispositional hearing or from the date of the request, whichever is later.
4. The Community Psychologist will explain the technical terms, diagnosis, recommendations, etc. so there is no or limited misunderstanding of the report's contents. A copy of the report will be provided at the end of the meeting, if so desired by the parents/guardians.

#### H. Alleged Abuse and Neglect Reports

If during the course of testing or assessment in any DJJ Community Services setting the juvenile reports abuse or neglect, makes threats toward others, or discloses information regarding illegal activities staff will report these to the Supervising Psychologist and to the appropriate authorities/agencies.

#### I. Community Psychology Records

1. Juvenile records maintained by DJJ, information obtained, and reports prepared by DJJ are confidential and will be handled consistent with DJJ Policy B-5.3, Confidentiality and Release of Juvenile Records and Information.
2. Raw data, personal notes, copies of therapy notes, and copies of psychological evaluations must be handled in a professional and confidential manner. Access to this information must be secure and safeguarded. The Psychologist will maintain raw data, personal notes, copies of therapy notes, and copies of evaluations in a folder under the name of the juvenile a filed in a locked cabinet in the office of the Psychologist for 5 years, as stipulated by the American Psychology Association. Files will be retained in locked cabinets until removed for shredding, consistent with DJJ Policy B-5.5, Retention and Disposition of Departmental Records.
3. A signed original of evaluations and therapy notes will be forwarded to the DJJ office making the referral. Requests from outside sources for copies of psychological evaluations will be referred to the county offices where the original psychological report is held in the juvenile's file. This will ensure that the necessary forms for release have been properly completed and that the report released is a copy of the original document from the juvenile's files.



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J. Monthly Reports

Each clinician working in Community Services will prepare the Monthly Clinical Report (Form C-OG) and submit it by the 5<sup>th</sup> day of the following month to their supervisor.

K. Data Collection

The Director of Consultation and Evaluation Services will ensure that statistical information on the services provided is compiled and disseminated. Statistical information will be used to identify areas of potential need for the planning and development of future prevention and treatment programs.

**RELATED FORMS AND ATTACHMENTS:**

Form B-6.1A, Medical Necessity Statement  
Form C-2.1A, Parent/Guardian Permission for Psychological Evaluation  
Form C-2.6A, Clinical Crisis Intervention Referral  
Form C-OD, Psychology Services Referral  
Form C-OE, Psychology Service Note  
Form C-OG, Monthly Clinical Report  
Form G-3.1A, Evaluation/Commitment/Transfer Checklist

**SCOPE:**

This policy applies to all Community Services staff.

**LOCAL PROCEDURAL GUIDE:**

Not required.

**TRAINING REQUIREMENT:**

All Community Services staff are required to review this policy within 30 days of its publication.

**STATE OF SOUTH CAROLINA DEPARTMENT OF JUVENILE JUSTICE**  
**POLICY AND PROCEDURAL GUIDELINES**

Authority: Community Services Consultation and Evaluation Services	Policy No.: C-2.2	Page: 1 of 8
Title: Juvenile Evaluation for General Sessions Court Waiver		
September 15, 2008 Approval Date	S/William R. Byars, Jr. William R. Byars, Jr. Director	

**POLICY:** Pursuant to an order of the South Carolina Family Court, the Department of Juvenile Justice (DJJ) Office of Consultation and Evaluation Services will conduct Juvenile Waiver Evaluations to assist the South Carolina Family Court in determining the appropriateness of transferring a juvenile's case to the South Carolina Court of General Sessions for trial.

A juvenile charged with committing certain serious crimes may have his or her case waived or transferred from Family Court (juvenile court) to the Court of General Sessions (adult court) for trial. The Family Court Judge must hold a waiver or transfer hearing prior to ordering the case be transferred. During this hearing, the Family Court will take testimony and other evidence to determine whether the juvenile is amenable to treatment and the rehabilitation processes afforded by the juvenile justice system. Utilizing the terminology set forth in Section 63-19-1210, the Family Court will decide whether it is "contrary to the best interests of (the) child or of the public to retain jurisdiction..." (e.g., handle the case in Family Court). DJJ's evaluation report will help the Family Court in making this determination.

**PROCEDURAL GUIDELINES:**

A. DJJ will conduct the juvenile evaluation for General Sessions Court waiver for the purposes of determining the prospects for a juvenile's rehabilitation and for the adequate protection of the public. For the purpose of this evaluation, DJJ will approach the juvenile's case from the prospective that the juvenile is guilty of committing the alleged offense for the purposes of identifying remorse, responsibility, and capacity for rehabilitation should the juvenile be found guilty.

B. Time Requirements

Juvenile Waiver Evaluations will be conducted pursuant to the requirements of the court order and will be completed as expeditiously as possible. The Court may impose time limits for completion of the evaluation. If possible, DJJ will comply with these time limits. If compliance is not possible, the Psychologist will notify the Consultation and Evaluation Services Regional Supervising Psychologist, who will communicate any difficulties with the Circuit Solicitor and request that Circuit Solicitor seek a modification of the court order. The Juvenile Waiver Evaluation will be conducted after the County Case Manager has gathered available information on the juvenile. The Psychologist will

schedule the evaluation as soon as possible after receiving the written evaluation order. The Psychologist will contact the respective Solicitor and Defense attorney involved with the case prior to conducting the initial interview with the juvenile. The Psychologist will provide routine verbal progress reports to the solicitor and defense attorney until the waiver evaluation is completed.

C. Source of Referral

1. Requests for DJJ to conduct Juvenile Waiver Evaluations will be made in the form of a written order signed by a Family Court Judge.
2. The signed order will be maintained in the juvenile's county record and copies will be forwarded to the DJJ Office of Consultation and Evaluation Services and DJJ Legal Office.
3. A verbal court order will be sufficient authorization to begin the waiver evaluation process with respect to gathering materials and scheduling interviews; however, since orders differ, it is imperative that the County Case Manager provide a written order to the Psychologist prior to the commencement of the evaluation.

D. A Juvenile Waiver Evaluation will address the following issues:

1. The sophistication and maturity of the juvenile, as determined by consideration of environmental situation, emotional attitude, and pattern of living (as determined by a comprehensive psychological evaluation).
2. The record and previous history of the juvenile.
3. The prospects for adequate protection of the public.
4. The factors related to reasonable rehabilitation of the juvenile (if he or she is found to have committed the alleged offense) through the use of procedures, services, and facilities currently available to the juvenile court.

E. The components of the Juvenile Waiver Evaluation will include:

1. A family assessment.
2. A comprehensive psychological evaluation.
3. A community assessment which lists and discusses available resources in the community and in the juvenile justice system.



F. Location of Evaluation

1. A juvenile cannot be committed to a DJJ Evaluation Center prior to adjudication; therefore, most waiver evaluations will be conducted in the community where the juvenile resides or in a juvenile detention facility.
2. In most cases involving waiver, the juvenile will be charged with a serious crime and will be detained pending transfer hearing. Consequently, evaluation and testing will usually be conducted in a detention facility. However, if the juvenile remains in the community, evaluation and testing could also take place in the juvenile's home or other suitable setting. Juveniles housed in a juvenile detention center will not be transported to county offices or elsewhere solely for the purpose of conducting the waiver evaluation in an alternative setting.

G. Juvenile Waiver Evaluation Team

1. The Juvenile Waiver Team will consist of the following staff:
  - a. The Director of Consultation and Evaluation Services.
  - b. The DJJ County Case Manager assigned to the juvenile or assigned to handle transfer evaluations.
  - c. The assigned Community Psychologist.
2. The Psychologist and his or her supervisor will have lead responsibility for the Juvenile Waiver Evaluation.

H. The Role of the DJJ County Case Manager

The DJJ County Case Manager will:

1. Notify the Supervising Psychologist assigned to the region that an order for a Waiver Evaluation has been issued within 1 work day after notification of a verbal or written court order for a Juvenile Waiver Evaluation.
2. Request the juvenile, the juvenile's parent/guardian, and the juvenile's attorney to consent to the release of relevant medical, psychiatric, psychological, treatment, and school records using the Juvenile Records and Information Release Authorization (Form F-7.2B) within 2 work days following the issuance of the court order requiring the Juvenile Waiver Evaluation.
3. Provide a copy of the Court Order for the Waiver Evaluation to the assigned psychologist prior to the date that the evaluation is actually conducted.

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4. Request that the juvenile, the juvenile's parent/guardian, and the juvenile's attorney provide written consent for the Juvenile Waiver Evaluation, using the Juvenile Rights and Waiver of Rights for the General Sessions Waiver Evaluation (Form C-2.2A) when the juvenile's court order does not include the protections of State v. Hitopoulus or Understanding of Family Court Hitopoulus Order for the General Sessions Court Waiver Evaluation (Form C-2.2B) when the juvenile's court order includes the protections of State v. Hitopoulus. Prior to obtaining the signed consent, the County Case Manager will read and explain its contents to the juvenile and his/her parent/guardian. The County Case Manager will avoid making statements or asking questions that may elicit incriminating statements from the juvenile when communicating with the juvenile. If the juvenile begins discussing the alleged offense or making incriminating statements, the County Case Manager will inform the juvenile that his/her discussions are not privileged. The County Case Manager will end further discussion of incriminating matters or the circumstances of the alleged offense. If the juvenile refuses to sign the consent for the Juvenile Waiver Evaluation, the County Case Manager will report the refusal to the solicitor's office and the Family Court. The County Case Manager will apprise the juvenile's attorney of the time and place the evaluation is to be conducted, and ask that the attorney be available to consult with the juvenile, should the need arise.
5. Prepare the Pre-Adjudicatory Waiver Evaluation Summary Report of Family and Community Information for inclusion in the Juvenile Waiver Evaluation using the Guidelines for the Pre-Adjudicatory Waiver Evaluation Summary Report of Family and Community Information (Attachment C-2.2A). The County Case Manager will submit the Pre-Adjudicatory Waiver Evaluation Summary Report of Family and Community Information to the Office of Consultation and Evaluation Services prior to including it with the Juvenile Waiver Evaluation. The Director of Consultation and Evaluation Services will review the report and provide feedback to the County Case Manager.
6. Conduct a home visit and interview the juvenile's parent or guardian.
7. Provide the Psychologist the following information:
  - a. The juveniles court history as reflected on the Form 5 and existing DJJ records for the juvenile.
  - b. The school records (e.g., attendance, academic and behavioral) and any other behavioral information available.
  - c. Any previous psychological or psychiatric evaluations.
  - d. Information from any previous treatment facilities or therapists.



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- e. Documents such as assessments, evaluations, discharge summaries, treatment plans, disabilities and accommodations plans, and histories from any pertinent community agencies involved (e.g., Departments of Social Services, Mental Health, Disabilities and Special Needs, Alcohol and Drug Abuse)
  - 8. Obtain documents pertaining to the juvenile and the charges against him/her from local law enforcement, the schools, the community, involved agencies (e.g., Department of Mental Health, Department of Social Services), and other professionals who have had contact with the juvenile.
- I. The Role of the Psychologist

The Psychologist will:

- 1. Conduct an in-depth psychological evaluation of the juvenile. This will include basic intelligence, academic achievement, perceptual-motor, and personality tests that the Psychologist deems appropriate and necessary, under supervision from the Director of Consultation and Evaluation Services. The waiver evaluation will be conducted in a manner consistent with the policies and practices of other evaluation services conducted by DJJ.
- 2. Screen for mental disorders.
- 3. Request a psychiatrist or other appropriate expert/professional to evaluate the juvenile independently, if appropriate.
- 4. Request a physical examination if the juvenile's physical condition does not appear to be within normal limits.
- 5. Ensure that the following psychological measures are usually required in a routine psychological evaluation. These tests will be conducted unless validly administered within the past year. Further, the Psychologist may administer additional or other testing as appropriate.
  - a. One measure of intelligence, individually administered.
  - b. One measure of achievement.
  - c. Two objective measures of personality.
  - d. One measure of perceptual-motor ability.
  - e. If the juvenile has a valid measure of intelligence that falls in the mentally deficient range of cognitive ability, one measure of adaptive functioning.



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6. Conduct background interviews with the juvenile and his or her family/guardians to assess the juvenile's sophistication and maturity.
7. Conduct a clinical interview with the juvenile to determine mental status and provide personality assessment. The psychological factors underlying the juvenile's behavior and offense history will be addressed in the interview.
  - a. If DJJ receives a court order stipulating that any incriminating information obtained by the DJJ Psychologist will be treated as privileged communication and will not be used in any proceeding other than the waiver hearing itself, then the DJJ Psychologist will question the juvenile with regard to the current charges. This information will be used in determining issues related to empathy, remorse and responsibility, which are relevant to the juvenile's likelihood of rehabilitation.
  - b. If a court order regarding evaluation confidentiality has not been issued, the Psychologist will inform the juvenile that the Family Court could order the Psychologist to testify regarding any statements made by the juvenile.
    - 1) The DJJ Psychologist will not question the juvenile with regard to the current charges, but will question him regarding past charges or misbehavior in the home, school, community, or institution.
    - 2) The Psychologist will ask general goal-directed questions related to similar or hypothetical offenses to ascertain required information (See Section B of this policy), and to assess juvenile's capacity to feel remorse, empathy, and to accept responsibility for his conduct.
    - 3) The Psychologist will avoid making statements or asking questions that may elicit self-incriminating statements. If the juvenile begins discussing the alleged offense or making incriminating statements, the Psychologist will interrupt the juvenile to remind him/her that their discussions are not confidential. The Psychologist will not proceed with a further discussion of the alleged offense or incriminating matters.

J. Waiver Recommendations to Court

Neither the Psychologist nor the County Case Manager will make a recommendation to the Family Court as to whether the juvenile's trial should be waived to the Court of General Sessions or retained in the Family Court, unless directed to do so by the Family Court Judge. This determination is outside the scope of the Juvenile Waiver Evaluation and is within the province of the Family Court.

Title: Juvenile Evaluation for General Sessions Court Waiver	Authority: Community Services	DJJ Policy C-2.2 No.:	Page: 7 of 8
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K. The Juvenile Waiver Evaluation Report

1. The Psychologist will identify the positive and negative factors affecting the juvenile's likelihood of rehabilitation. Discussion in the Juvenile Waiver Evaluation will be confined to the following criteria:
  - a. The sophistication and maturity of the juvenile as determined by consideration of environmental situation and emotional attitude and pattern of living (as determined by a comprehensive psychological evaluation);
  - b. The record and previous history of the juvenile; and
  - c. The prospects for adequate protection of the public; and
  - d. The factors related to reasonable rehabilitation of the juvenile (if he or she is found to have committed the alleged offense) through the use of procedures, services, and facilities currently available to the family Court.
2. After completing the testing, interviewing and staffing of the juvenile, the Psychologist will submit the Juvenile Waiver Evaluation to the Director of Consultation and Evaluation Services. The Director of Consultation and Evaluation Services and the DJJ Legal Office will review the evaluation prior to release. Following review, the Director of Consultation and Evaluation Services will co-sign the psychological evaluation.
3. The DJJ County Case Manager will distribute the Juvenile Waiver Evaluation to the Family Court and if directed to the solicitor and attorney for the juvenile.

L. Testimony at Juvenile Waiver Hearings

1. Upon subpoena, the Psychologist and the County DJJ Case Manager may be required to testify to matters related to the Juvenile Waiver Evaluation process.
2. Upon receipt of a subpoena, the Psychologist and the County DJJ Case Manager will notify the DJJ Legal Office and follow their directions in responding to the subpoena and testifying in court.

**RELATED FORMS AND ATTACHMENTS:**

Attachment C-2.2A, Guidelines for the Pre-Adjudicatory Waiver Evaluation Summary Report of Family and Community Information  
 Form C-2.2A, Juvenile Rights and Waiver of Rights for the General Sessions Waiver Evaluation  
 Form C-2.2B, Understanding of Family Court Hitopoulos Order for the General Sessions Court Waiver Evaluation  
 Form F-7.2B, Juvenile Records and Information Release Authorization

Title: Juvenile Evaluation for General Sessions Court Waiver	Authority: Community Services	DJJ Policy C-2.2 No.:	Page: 8 of 8
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**SCOPE:**

This policy applies to all Community Services employees.

**LOCAL PROCEDURAL GUIDE:**

Not required.

**TRAINING REQUIREMENT:**

All Community Services employees are required to review this policy within 30 days of its publication.



**STATE OF SOUTH CAROLINA DEPARTMENT OF JUVENILE JUSTICE**  
**POLICY AND PROCEDURAL GUIDELINES**

Authority: Rehabilitative Services	Policy No.: C-2.3	Page: 1 of 5
Title: Scope of Broad River Road Complex (BRRC) Psychology and Psychiatry Services		
August 25, 2008 Approval Date	S/William R. Byars, Jr. William R. Byars, Jr. Director	

**POLICY:** The Department of Juvenile Justice (DJJ) provides comprehensive psychological and psychiatric services for juveniles assigned to the BRRC.

**PROCEDURAL GUIDELINES:**

A. Roles and Responsibilities

1. The Mental Health Authority for the Division of Rehabilitative Services is the Director of Clinical and Professional Services.
2. BRRC Psychologists will provide case consultation, treatment planning, evaluation, therapy, training, and crisis intervention services for juveniles within the BRRC in an ethical, competent, and timely manner. Psychology and Psychiatry services are vital treatment components and services will be provided to juveniles needing mental health treatment.
3. Clinical supervision will be provided to psychology employees by licensed psychologists, consistent with the ethical standards of the American Psychological Association and the professional guidelines of the South Carolina Board of Examiners in Psychology. The practice of psychology at DJJ will be conducted in accordance with the standards set by these governing bodies and consistent with the Juvenile Correctional Administrators Performance-based Standards (PbS). The provision of professional counseling services will be conducted in accordance with the standards set by the Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, and Psycho-Educational Specialists.
4. The Director of Health Services will contract psychiatry services for juveniles and those services will be accessed by juveniles through their assigned Psychologist.

B. Caseload Assignments

Each BRRC Program has psychologists assigned to provide services to juveniles within that program. Juveniles are provided psychology services, as needed. Each psychologist will maintain a current list of juveniles to whom they are providing services.

Title: Scope of BRRC Psychology and Psychiatry Services	Authority: Rehabilitative Services	DJJ Policy C-2.3 No.:	Page: 2 of 5
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## C. Scope of Psychology Services

### 1. Consultations

- a. Written Referral for psychological services or case consultation will be made to the juvenile's assigned Psychologist through the Psychology Services Referral (Form C-OD) and may be initiated by any DJJ employee or the juvenile's Parole Examiner. The Psychologist will contact the referral source when necessary to obtain additional information or clarification.
- b. Upon receipt of a referral, it is the responsibility of the Psychologist to determine the most appropriate means for addressing the referral question(s). Assessment may include, but not be limited to, clinical interview, chart review, formal psychological testing, or referral for psychiatric or other medical evaluations.
- c. Referrals will be prioritized according to severity of need, and a written response that addresses the referral question(s) and outlines an assessment plan to address the question(s) will be forwarded to the juvenile's assigned Social Worker within 10 work days from receipt of the referral. The Social Worker will advise the referring staff member that action has been taken.
- d. Upon completion of the consultation, the Psychologist will arrange for the juvenile to receive appropriate services. When psychotherapy is indicated, the Psychologist will add the juvenile to his/her psychotherapy caseload. When psychiatric services are indicated, the Psychologist will schedule the juvenile for psychiatry clinic.

### 2. Psychological Evaluations

- a. Psychological evaluations and updated psychological assessments are performed by BRRC Psychologists on a referral basis. It is the responsibility of the Psychologist to determine whether formal testing is indicated, and if so, which measures are most appropriate. Evaluations will be conducted only by those Psychologists who have received appropriate training and supervised experience in the administration and interpretation of the selected measures or by Psychologists under the supervision of qualified professionals.
- b. Specialized evaluations (e.g., neuropsychological evaluations, sex offender risk assessments, and comprehensive alcohol and other drug assessments) will be completed only by clinicians who have been trained in the administration of these evaluations, or by clinicians under the supervision of qualified professionals.



Title: Scope of BRRC Psychology and Psychiatry Services	Authority: Rehabilitative Services	DJJ Policy No.: C-2.3	Page: 3 of 5
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c. Evaluations will be co-signed by a Licensed Psychologist.

3. Treatment Planning

BRRC Psychologists will participate as members of Multidisciplinary Teams for juveniles assigned to their caseload. They will report to the team any relevant information related to ongoing treatment needs and/or reintegration planning in the development and updating of individualized treatment plans, consistent with DJJ Policy E-1.6, Juvenile Plan for Services.

4. Therapeutic Services

BRRC Psychologists will provide individual, group, and family therapy, as appropriate, to meet the psychological needs of juveniles referred for services. The Psychologist will document the juvenile's progress in treatment using the Psychology Service Note (Form C-OE) and forward a copy of these notes to the juvenile's Social Worker within 5 workdays. Each Psychologist will maintain a caseload of juveniles who are seen on a regular basis according to need and will attach a list of current clients to their Monthly Clinical Report (Form C-OG).

5. Seriously Mentally Ill and Seriously Mentally Retarded Juveniles

a. Juveniles committed to DJJ will be screened for mental illness and mental retardation, pursuant to DJJ Policy C-3.2, Identification and Referral of Seriously Mentally Ill and Mentally Retarded Juveniles.

b. To the extent possible, DJJ will provide necessary mental health services to seriously mentally ill juveniles prior to their transfer to a Department of Mental Health facility. The Psychologist will ensure that the juvenile is immediately referred to psychiatry clinic for medication evaluation and will facilitate ongoing psychiatric treatment as indicated. Juveniles living within BRRC who are seriously mentally ill will be seen at least weekly by their assigned Psychologist for close monitoring of their mental condition, possible need for additional services, and to provide appropriate psychotherapies until they are transferred to the Department of Mental Health. The Psychologist will document the juvenile's mental status and response to services following each session on the Psychology Service Note (Form C-OE) and provide a copy to the juvenile's Social Worker and the Rehabilitative Services Coordinator of Special Needs Case Management (CSNCM). If the Psychologist does not think that this level of monitoring is necessary, he/she will document the rationale for monitoring the juvenile less frequently. If the Psychologist believes that transfer to another BRRC program is warranted, he/she will request the Social Worker to schedule a staffing with the BRRC Multidisciplinary Team. The decision will be primarily based on the juvenile's clinical



Title: Scope of BRRC Psychology and Psychiatry Services	Authority: Rehabilitative Services	DJJ Policy C-2.3 No.:	Page: 4 of 5
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presentation, with emphasis on the safety and wellbeing of the juvenile and others. The Psychologist will attend this team staffing to make recommendations and to ensure that clinical information is considered.

- c. The DJJ/Department of Disabilities and Special Needs (DDSN) Liaison Psychologist will serve juveniles who are seriously mentally retarded. The DJJ/DDSN Liaison Psychologist will provide supportive counseling and other psychological services as necessary. The juvenile's Psychologist will facilitate ongoing psychiatric treatment as indicated.

#### 6. Psychiatry Clinics

Health Services will conduct psychiatry clinics on a regularly scheduled basis. At least one Psychologist on each campus is assigned the responsibility of assisting in the coordination of this clinic and will remain available during clinic hours to present new cases to the Psychiatrist and to consult with the Psychiatrist on current cases. In conjunction with Health Services, the Psychiatrist will monitor medication renewals and order follow-up appointments. The Psychologist will write a clinic summary for each juvenile seen and forward these summaries to the juveniles' Social Workers within 5 workdays for inclusion in the juveniles' clinical records.

#### 7. Crisis Intervention

Crisis intervention services will be provided for BRRC on a 24-hour, 7-day per week basis consistent with DJJ Policy C-2.6, Clinical Crisis Intervention/On-Call Services. Psychologists will be available on a rotating schedule.

#### 8. Specialized Training Services

BRRC Psychologists will provide specialized training for facility staff, as necessary. Psychologists at each facility will consult with employees from other disciplines, identify training needs, and facilitate training sessions. Psychologists will conduct training consistent with DJJ Policy B-7.0, Scope of Staff Development and Training Services.

### C. Clinical Documentation and Psychology Files/Notes:

1. Psychologists will comply with DJJ policies B-5.3, Confidentiality and Release of Juvenile Information and B-5.5, Retention and Disposition of Departmental Records.
2. BRRC Psychologists will document all services provided on the Psychology Service Note (Form C-OE). Service notes will include, at a minimum, the reason for the contact, a summary of assessment procedures or clinical interventions

Title: Scope of BRRC Psychology and Psychiatry Services	Authority: Rehabilitative Services	DJJ Policy C-2.3 No.:	Page: 5 of 5
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utilized, the juvenile's demeanor and level of participation in the session, and recommendations regarding further treatment needs.

3. Psychologists will forward copies of Psychology Services Referrals (Form C-OD), Psychology Service Notes (Form C-OE), consultation results, psychological reports, and psychiatric clinic summaries to the juvenile's Social Worker for the juvenile's clinical record. Copies will be maintained by the Psychologist for minimum of 5 years, as stipulated by the American Psychology Association (APA) guidelines.

#### D. Monthly Reports

BRRC Psychology employees will submit the Monthly Clinical Report (Form C-OG) to their supervisors no later than the 5<sup>th</sup> of each month.

#### **RELATED FORMS AND ATTACHMENTS:**

Form C-OD, Psychology Service Referral  
Form C-OE, Psychology Service Note  
Form C-OF, Clinical Service Note  
Form C-OG, Monthly Clinical Report

#### **SCOPE:**

This policy applies to all BRRC employees.

#### **LOCAL PROCEDURAL GUIDE:**

Not required.

#### **TRAINING REQUIREMENT:**

All BRRC employees are required to review this policy within 30 days of its publication.

**STATE OF SOUTH CAROLINA DEPARTMENT OF JUVENILE JUSTICE**  
**POLICY AND PROCEDURAL GUIDELINES**

Authority: Community	Policy No.: G-3.2	Page: 1 of 4
Title: Evaluation Center Pre-Dispositional Evaluation Services		
September 13, 2009 Approval Date	S/William R. Byars, Jr. William R. Byars, Jr. Director	

**POLICY:** The Department of Juvenile Justice (DJJ) will conduct a comprehensive pre-dispositional evaluation for a juvenile when so ordered by the court. This evaluation will include health, psychosocial, and educational assessments of a juvenile that will result in an individualized report (pre-dispositional evaluation) that will be returned to the court with specific recommendations for the juvenile.

**PROCEDURAL GUIDELINES:**

- A. Juveniles committed to the custody of DJJ for the purpose of a pre-dispositional evaluation will receive a comprehensive evaluation as soon as possible and within 45 days from the date of the juvenile's arrival, except in unusual circumstances. This evaluation will include assessments of the juvenile's health, psychosocial, and educational status. This information will be consolidated into a report and returned to the requesting court with specific recommendations for the juvenile.
- B. Juveniles will be operationally processed into the evaluation center consistent with DJJ Policy G-3.1, Evaluation Center Intake and Operational Process. The evaluation process will begin upon the juvenile's arrival at the evaluation center.
- C. Staff Roles and Responsibilities
  - 1. Health Services
    - a. A DJJ Nurse will:
      - 1) Review the DJJ Medical/Mental Health Admission Screen (Form C-OA) within 24 hours of the juvenile's admission and ensure that necessary follow-up health care is provided.
      - 2) Receive the medication brought with the juvenile, sign the Receipt for Juvenile Medication (Form C-OB), and follow-up with the pharmacy/physician within 24 hours of the juvenile's arrival to verify the medication and obtain physician's orders.
      - 3) Review the Notice of Requirement to Provide DNA Sample (Form A-4.2A) with the juvenile and obtain the DNA sample when required.



- 4) Ensure that the procedures listed below are completed within 48 hours of juvenile admission:
    - A) Juveniles are updated on their immunizations.
    - B) A urine pregnancy test is conducted on all females.
  - b. Juveniles receiving evaluation services will have his/her health history taken by a Nurse and documented on the Health History (Form C-1.2A). The health history is part of the juvenile's permanent health record. The juvenile will have a complete physical examination and this will be documented on the Health Examination Record (Form C-1.2B). The Health Examination Record is part of the juvenile's evaluation report. The physical examination is valid for 6 months. In the event a juvenile is removed from an evaluation center for 2 days to 6 months he/she will receive a nursing health assessment, which will be documented on the Health Assessment Record (Form C-1.2C). Based on the information from the nursing health assessment, the Nurse will refer the juvenile to a Nurse Practitioner or Physician for another physical examination or evaluation of a specific problem.
  - c. Health Services will ensure that security and clinical staff are informed of any medical or physical condition that requires special attention.
2. Clinical Services
- a. The juvenile will be assigned a Social Worker who will:
    - 1) Conduct clinical admissions screening.
    - 2) Complete and document a comprehensive assessment of family functioning, school and community functioning, peer relationship, relevant history, and current symptomatology through an interview with the parent/guardian.
    - 3) Monitor the juvenile throughout the evaluation period and serve as the point of contact for the juvenile's parent/guardian throughout the evaluation period.
  - b. The Psychologist will conduct a comprehensive mental health assessment that includes a psychological examination, diagnosis, and treatment recommendations. The assessment will include components of intelligence, personality, perceptual motor functioning, academic achievement, substance abuse or dependence, and appropriate information from other sources. Assessment tools will be selected by the attending

Title: Evaluation Center Pre-Dispositional Evaluation Services	Authority: Community Services	DJJ Policy No.: G-3.2	Page: 3 of 4
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Psychologist. A designated Psychologist will coordinate a psychiatric examination with a Psychiatrist for court-ordered juveniles.

- c. The Social Worker and Psychologist will prepare the Pre-Dispositional Evaluation Report (Attachment G-3.2A, SAMPLE) with recommendations and observations. The Treatment Director will ensure that this report is accurate, complete, and prepared when due.

3. Educational Services will:

- a. Provide appropriate educational programming for the juvenile's needs while the juvenile is at the evaluation center.
- b. Administer a district adopted assessment to obtain the juvenile's current reading and mathematics functioning level.
- c. Refer juveniles for special educational services when appropriate.
- d. Document the juvenile's attendance to and progress in education.
- e. Establish a communication link with the public school to provide continuity to the juvenile's education.
- f. Handle educational records responsibilities.

D. The Pre-Dispositional Evaluation Report

- 1. The psychosocial and health assessments and the educational summary are consolidated by the administrative staff and serve as the juvenile's Pre-Dispositional Evaluation Report. This report is forwarded to the County Office Director and the juvenile's dispositional hearing is scheduled. The County Office Director will notify the Solicitor's Office to schedule a final court hearing.
- 2. All actions will be documented in the juvenile's case management record. The juvenile's case management record is retained at the Evaluation Center for 9 months and then submitted to the DJJ Central Records Office.

**RELATED FORMS AND ATTACHMENTS:**

Attachment G-3.2A, Pre-Dispositional Evaluation Report  
Form A-4.2A, Notice of Requirement to Provide DNA Sample  
Form C-OA, DJJ Medical/Mental Health Admission Screen  
Form C-OB, DJJ Receipt of Juvenile Medication & Chain-of-Custody  
Form C-1.2A, Health History  
Form C-1.2B, Health Examination Record

**SCOPE:** This policy applies to employees in evaluation centers.

**LOCAL PROCEDURAL GUIDE:** Not required.

**TRAINING REQUIREMENT:**

All employees at Evaluation Centers are required to review this policy within 30 days of its publication.



South Carolina Department of Juvenile Justice  
**Evaluation/Commitment/Transfer Checklist**

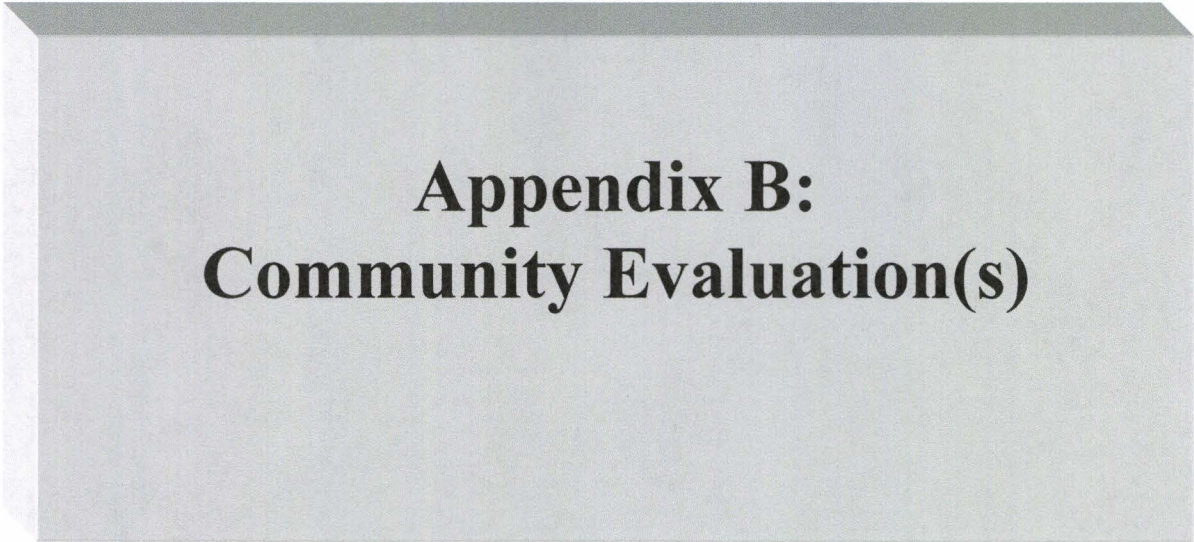
Juvenile's Name:		DOB:     /     /	JJMS#:
<input type="checkbox"/> Commitment to Evaluation Center	<input type="checkbox"/> Probation/Parole Transfer	<input type="checkbox"/> Decline of Jurisdiction	
<input type="checkbox"/> Local Evaluation	From: County	From:	County
<input type="checkbox"/> Consultation	To: County	To:	County
<input type="checkbox"/> DJJ Commitment			

Forms/Information	Included	Available on JJMS	Not Applicable	To Be Sent
Letter of Justification (Case transfer and Decline of Jurisdiction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 5 ( Updated with current information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Records & Information Release Authorization ( Form F-7.2B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permission to Receive Volunteer Services (Form F-7.2C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notice of Privacy Practices & Rights to Protected Health Info. (Form A-4.4A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victim Impact Statement(s) and or other victim information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Assessment and Evaluation (Updated with current information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Court Orders-[Relevant to current charge(s)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Juvenile Medication Information ( Form F-7.2D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability Information (Form F-7.2E)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-Dispositional Time Credit (Form E-1.2A) (DJJ Commitment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychological Evaluations-(DJJ, School, others)/assessments/consults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Evaluation/Health Examination record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Records (grades, attendance, discipline, IEP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Management Plan (Form F-7.4A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Circumstances of Commitment Offense (police report, Petition, court summary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Notification (Form F-7.3B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (list in Comments) ( i.e. Support services or other agency records)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DHHS Citizenship Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Medicaid card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is juvenile prescribed to take medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, ensure <u>current</u> medication is updated on CAE /JJMS	
Are <u>current</u> prescription medication(s) accompanying juvenile to facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, all current prescription medication must be in its original prescription bottle. If no, please explain:	
Does committing offense(s) qualify for DNA Inclusion? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, list offense(s) Requiring DNA Inclusion below:
Has DNA sample been collected and submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, date submitted:     /     /
Has a placement referral been made? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, referral status:	
Any prior placement(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Refer to JJMS locations screen	
Comments:	

County Case Manager Signature: \_\_\_\_\_ Phone: (     )     -     Date:     /     /

Supervisor Signature: \_\_\_\_\_ Phone: (     )     -     Date:     /     /



## **Appendix B: Community Evaluation(s)**

- **Past:           September 2012**
- **Present:       January 2015**



**CONFIDENTIAL**  
**SOUTH CAROLINA DEPARTMENT OF JUVENILE JUSTICE**  
**CONSULTATION AND EVALUATION SERVICES**  
**COMMUNITY PSYCHOLOGICAL EVALUATION**

<b>Name:</b>	[REDACTED]	<b>Date of Birth:</b>	7/19/98
<b>JJMS:</b>	[REDACTED]	<b>Date of Evaluation:</b>	1/2/15
<b>Evaluators:</b>	Jennifer Christman, Psy.D.	<b>Date of Report:</b>	1/9/15
<b>County:</b>	York	<b>Community Specialist:</b>	Oliver Moore

**REFERRAL STATEMENT:**

[REDACTED] was a 16-year-old African-American female who was adjudicated delinquent in the Family Court of York County on October 28, 2014 for Violation of Probation by the Honorable David G. Guyton. The Court Order noted that [REDACTED] was to cooperate with a local assessment and return to Family Court for a dispositional hearing. This community evaluation was requested to address the reasons behind [REDACTED] ongoing pattern of misbehaviors and to provide recommendations regarding the most appropriate interventions and treatment.

**Notice:**

This report is meant only for the use of qualified professionals and others involved from a legal perspective with this psychological evaluation for dispositional, placement, and/or probationary purposes. No unauthorized disclosure of this report or information contained in this report is allowed, and any person who without proper authorization discloses information contained in this report assumes all liability associated therewith. Some individuals and family members may tend to misunderstand and/or distort the information presented, herein, which could result in significant stress to the individual or may interfere with rehabilitative services. For individuals with certain mental health or behavioral issues, the consequences of disclosure may be serious. Release should be limited to that information pertinent to the needs of the requesting party and jargon and scores may need to be omitted or explained thoroughly.

Before the evaluation, [REDACTED] and her mother, [REDACTED] were informed what type of information would be requested and how it would be used. They were also told that the results of the evaluation were not confidential, and would be shared with the attorneys, family court, and DJJ personnel. They were informed that suspected child abuse or neglect must be reported to the Department of Social Services. They indicated that they understood the limits of confidentiality and expressed their willingness to cooperate with the evaluation.

**Sources of Information:**

DJJ File

Clinical Interview with:

[REDACTED] age 16: Juvenile  
[REDACTED] age 43: Mother

Family Court Records

Police Incident Report

School Behavioral and Academic Records



## PSYCHOLOGICAL EVALUATION: CONFIDENTIAL

2

Name: [REDACTED]  
JJMS: [REDACTED]

### Contact with:

Oliver Moore, DJJ Community Specialist  
Wechsler Abbreviated Scale of Intelligence, Second Edition (WASI-II)  
Wechsler Fundamentals Academic Skills (WFAS)  
Adverse Childhood Experiences Questionnaire (ACE)  
Millon Adolescent Clinical Inventory (MACI)  
Rotter Incomplete Sentences- Blank (RISB)  
Jesness Inventory- Revised (Jesness)  
Conners-Wells' Self-Report Scale or Parent Rating Scale (Conners)  
Behavior Assessment System for Children, 2<sup>nd</sup> Edition- Parent Rating Scale (BASC-PRS)  
Adolescent Substance Abuse Subtle Screening Inventory- 2<sup>nd</sup> Edition (SASSI-A2)  
Behavioral Observations

### DJJ History and Summary of Current Charges:

[REDACTED] first interaction with DJJ occurred after she was charged with Runaway on April 11, 2013. A pickup order was issued the same day by Judge Guyton. On May 15, 2013, she was charged with Truancy. On May 17, 2013, she received a new Runaway charge and Judge Guyton issued another pickup order. On May 21, 2013, a petition for Contempt was filed, due to [REDACTED] accumulating 11 unexcused absences during the 2012-2013 school year. A school attendance order was issued for her by Judge Guyton on October 15, 2013. On October 29, 2013, another petition for Contempt was filed, due to [REDACTED] accumulating an additional 8 unexcused absences since her October 15 school attendance order was issued. On December 3, 2013, [REDACTED] appeared before the Honorable Robert E. Guess, and was ordered to be placed on probation and to complete the Truancy Treatment Program.

On September 17, 2014, [REDACTED] was charged with a Violation of Probation, due to her failure to cooperate with the Truancy program and accumulating 4 unexcused absences. By October 22, 2014, she had accumulated a total of 19 absences, 3 tardies, and 6 disciplinary referrals. She appeared in court on October 28, 2014 before Judge Guyton and was adjudicated delinquent for the Violation of Probation charge. [REDACTED] was ordered to re-enroll in and attend school, be placed on House Arrest with GPS monitoring, and cooperate with this community psychological evaluation. She was also given a suspended short-term alternative placement (STAP). On December 3, 2014, she was charged with Contempt, after accumulating another 3 unexcused absences from school. On December 8, 2014, Judge Guyton issued pickup and detention orders for [REDACTED], and she was subsequently picked up and detained. On December 9, 2014, [REDACTED] was released from detention into a STAP in Columbia, SC, where she remained at the time of this evaluation.

### FAMILY FUNCTIONING:

[REDACTED] was born on July 9, 1998 in Columbia, SC to [REDACTED] and [REDACTED]. According to Ms. [REDACTED] she and Mr. [REDACTED] were in a relationship for six years. They lived together for the latter part of the relationship. She described Mr. [REDACTED] as "controlling," "cruel," and emotionally abusive towards her during their relationship. She ended the relationship after he allowed another woman to move into their home while she (Ms. [REDACTED]) was in the hospital recovering from giving birth to



Name: [REDACTED]

JJMS [REDACTED]

[REDACTED] is Ms. [REDACTED] only child. Mr. [REDACTED] has an unknown number of other children, and is currently married to another woman.

Ms. [REDACTED] reported being involved in two other serious relationships during [REDACTED] life. She reported being in an "off and on" relationship for a year with one man. [REDACTED] reportedly argued with this man often, but referred to him as her stepfather. Ms. [REDACTED] relationship with him ended in 2013. She was also previously in a 1-2 year relationship with a young man named [REDACTED]. Reportedly, [REDACTED] was only 19 years old when he began dating Ms. [REDACTED] and [REDACTED] referred to him as her "older brother." His relationship with Ms. [REDACTED] ended three years ago after he was incarcerated for Armed Robbery, but he still occasionally calls or writes to [REDACTED].

[REDACTED] contact with her father has historically been inconsistent. Ms. [REDACTED] recalled that he offered to throw [REDACTED] a birthday party about 3-4 years ago, but on the day of her birthday, he told her that he had other plans and there would be no party. [REDACTED] has had almost no contact with him since, despite the fact that he is employed as a night janitor at [REDACTED] high school. Her only recent contact with Mr. [REDACTED] occurred in early 2014, when she was five months pregnant. When she told him that she was pregnant and asked for his support, he angrily called the child "a bastard." [REDACTED] reacted to this by hitting and scratching him.

[REDACTED] has primarily been raised by her mother, but lived with her maternal grandparents for 1 ½ years during middle school. Ms. [REDACTED] explained that she was unable to care for [REDACTED] at that time due to her own medical issues, which include congestive heart problems, an enlarged heart, a rapid and irregular heartbeat, high blood pressure, and chronic watering eyes. She has a pacemaker and defibrillator as a result of her heart problems. Ms. [REDACTED] and [REDACTED] denied any history of DSS involvement.

Ms. [REDACTED] reported that she graduated from high school and completed some college courses. She is currently employed as the manager of a school cafeteria. She reported that Mr. [REDACTED] works as a night janitor at [REDACTED] High School. She was uncertain about his educational history. She denied herself or Mr. [REDACTED] having criminal histories.

According to Ms. [REDACTED] her mental health history consists of depression and a suicide attempt during her relationship with Mr. [REDACTED]. She reported that she participated in counseling for some months after the suicide attempt and her depression subsided after she ended her relationship with Mr. [REDACTED]. She denied a family history of mental illness. She also denied a personal or family history of substance abuse, and denied Mr. [REDACTED] having personal or family histories of mental illness or substance abuse.

[REDACTED] and her mother live in a government-subsidized housing unit in a neighborhood that she described as "altogether good," with occasional criminal activity or violence. Ms. [REDACTED] described her relationship with [REDACTED] as having declined in recent years. She stated, "we used to have the best kind of relationship where she could talk to me about anything. Now [she says] 'it's none of your business.'" [REDACTED] however, portrayed her relationship with her mother as idyllic and close. She stated, "I love our relationship. Yeah, we have our arguments, but who doesn't? I love my mom to death. I don't know what I'd do without her." When discussing her relationship with her father, she stated



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happily, "when I was younger, we had the most beautiful relationship." She reported that their relationship changed when she was 7 years old, after he was supposed to take her to a father-daughter dance. She recalled that she was excitedly getting dressed up for the dance, only to see her father sneak out the back door of the house and drive away. She reported that he does not have a phone and refuses to return any messages she leaves for him at relatives' houses.

[REDACTED] household chores are to clean her bedroom, put her laundry away, clean up after herself around the house, and help her mother out when asked. Ms. [REDACTED] reported that [REDACTED] most often gets into trouble at home for not cleaning her room and not cleaning up after herself around the house. In 2013, [REDACTED] began sneaking out at night and running away from home. Ms. [REDACTED] reported that there have been five separate occasions where [REDACTED] was gone for an entire week. She reported that each time, she would either look for [REDACTED] herself or call the police to report [REDACTED] as a runaway. Other misbehaviors of [REDACTED] include breaking curfew, or having friends and/or men over to the house when Ms. [REDACTED] was away. [REDACTED] stated that each time she broke curfew, snuck out, or failed to come home, she was with friends and did not want to leave them. Ms. [REDACTED] has attempted to discipline her by taking away her cell phone and television, prohibiting her from using the family's laptop, "fussing" at her, or talking to her. [REDACTED] added that her mother sometimes grounds her or gives her an earlier curfew.

It should be noted that [REDACTED] also reported that she has thought about running away from her current placement, and had attempted to do so during the weekend prior to this evaluation. She stated that she called a male friend and arranged for him to pick her up in a car. She stated that she planned to tell Ms. [REDACTED], her current foster mother, that she was going for a walk, and would then not return from the walk. However, Ms. [REDACTED] reportedly foiled this plan by asking her to take another girl along with her. Ms. [REDACTED] confirmed to this evaluator that she found out that [REDACTED] had called a boy and planned to meet him, and she has since revoked [REDACTED] phone privileges.

**ADOLESCENT FUNCTIONING:**

**Relevant History:**

Reportedly, [REDACTED] was the result of a high-risk pregnancy, as Ms. [REDACTED] had suffered a miscarriage from an ectopic pregnancy less than two months before she became pregnant with [REDACTED]. Ms. [REDACTED] reported having high blood pressure during the pregnancy as well. She denied any gestational exposure to alcohol, tobacco, or other drugs, and reported that [REDACTED] met all of her developmental milestones within or before expected time limits. [REDACTED] denied a history of physical or sexual abuse.

[REDACTED] significant medical history includes having "middle hearing loss" in both ears, but her auditory abilities are still generally intact. She received speech therapy as a child and can now carry on a conversation without issue. Ms. [REDACTED] reported that within the last couple of years, [REDACTED] has contracted two sexually transmitted diseases. She was unable to recall which diseases [REDACTED] had contracted, but knew that [REDACTED] was successfully treated for both. In late 2013, when she was 15, [REDACTED] became pregnant. Her son, [REDACTED], was born on February 4, 2014. He was born prematurely at 24 weeks and weighed less than two pounds. He spent the entirety of his



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life in the hospital and died on March [REDACTED], 2014. According to [REDACTED] and her mother, he contracted pneumonia at the hospital and was given the wrong dosage of medication for it. He then went into cardiac arrest and died. Ms. [REDACTED] has attempted to pursue legal action against the hospital, but she has found the legal system difficult to navigate, and related concerns about the legal proceedings making it more difficult for [REDACTED] to emotionally recover from the loss of her son.

[REDACTED] was most recently enrolled at [REDACTED] High School and was taking both 9<sup>th</sup> and 10<sup>th</sup> grade classes. She reported that she repeated the 7<sup>th</sup> grade due to behavioral problems. Her mother elaborated that she often refused to attend school or complete her work and was "smart-mouthed" towards teachers. However, she has never been expelled from school and has only received one out-of-school suspension during her life, which occurred in October of 2013 after her involvement in a physical altercation with another student. School records indicate that she has received disciplinary referrals and in-school suspensions for infractions such as cell phone violations and refusing to dress out for gym class. As of October 22, 2014, she had received six disciplinary referrals so far during the 2014-2015 school year and was failing 3 of her 4 classes. She has an IEP at school for ADHD and her hearing loss.

Ms. [REDACTED] recalled that [REDACTED] behavioral problems at school began about three years ago. She initially stated that there were no precipitating factors to the change ("she woke up one day and was a different person") but later indicated that [REDACTED] had stopped taking her ADHD medication and had begun socializing with negative peers at that time. Ms. [REDACTED] mentioned that prior to the onset of [REDACTED] misbehaviors, she had been on the honor roll. Ms. [REDACTED] explanation for [REDACTED] truant behavior and consequent DJJ involvement was simply, "[REDACTED] doesn't like school and doesn't want to be there." She also stated that [REDACTED] often blames the teachers for her misbehaviors. When asked about her own efforts to counteract [REDACTED] truancy, Ms. [REDACTED] reported waking [REDACTED] up every morning before going to work at 6:00 am, but [REDACTED] either goes back to sleep afterwards or chooses to stay home. Ms. [REDACTED] has attempted to discipline [REDACTED] at home for her truant behavior, has called the school several times, and has attempted to "encourage" and positively reward her for school attendance.

[REDACTED] explanation of her truant behavior was, "I love school but I can't concentrate in a classroom full of people. I just can't deal with people and I feel like I'm not getting the help I need at school." She further stated that she has "done everything" to try to improve her concentration at school, to no avail. These efforts have included sitting in the back or front of the classroom in an attempt to "isolate" herself from other students, or taking tests in a separate room. She expressed a desire to return to the [REDACTED] alternative educational program, which she attended during her pregnancy, because the smaller classes are conducive to reducing her distractibility.

Prior to [REDACTED] current out of home placement, she was working part-time at [REDACTED]. Ms. [REDACTED] stated that [REDACTED] is attempting to hold [REDACTED] job for her until she returns home from placement. [REDACTED] future goals are to open her own restaurant and/or "travel the world and research animals." [REDACTED] reported that she enjoys reading, dancing, and writing songs.

Socially, Ms. [REDACTED] stated that [REDACTED] has both good and bad friends, and asserted that [REDACTED] is influenced by her friends a great deal. [REDACTED] acknowledged that she has primarily associated with negative peers for the last several years. For example, she



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reported being close friends with one of her half-sisters on her father's side, whom she described as being promiscuous and "a troublemaker." However, she stated that her peer group has changed as a result of her pregnancy. She explained that after she became pregnant, "people looked at me different" and several of her friends began avoiding her, which "showed me who would really be there for me." [REDACTED] attributed most of her behavioral problems at school and in the community to wanting to be accepted and liked by her peers. She stated tearfully, "I wanted people to know me, not just 'that big girl walking down the street.'"

At the time of this evaluation, [REDACTED] reported being in a two-month relationship with a similarly-aged male. She estimated having four serious relationships during her life and reported that her longest relationship lasted for two years. She stated that she first engaged in sexual activity at age 12 and estimated having five sexual partners during her life. She admitted that she was uncertain about who [REDACTED] father was, as she had engaged in sexual intercourse with two different males within a short time frame. She stated that she used protection "almost every time" and her current method of birth control is Implanon. She related that [REDACTED] was her first and only pregnancy. Ms. [REDACTED] related having concerns about [REDACTED] sexual activity. She reported that in addition to [REDACTED] becoming pregnant and contracting two STDs, someone had filmed a sexually explicit video of [REDACTED] and distributed it amongst her peers. Ms. [REDACTED] reported the video to the police, but the perpetrator was never caught.

#### Mental Health Symptomatology:

[REDACTED] was first diagnosed with ADHD in the 2<sup>nd</sup> grade and was prescribed Concerta for her symptoms. She and her mother reported that the medication was quite effective at reducing her attentional and behavioral symptoms and improving her academic performance. [REDACTED] added that she enjoyed Concerta's side effect of weight loss. She reported that she stopped taking the Concerta in the 6<sup>th</sup> grade because it seemed to become less effective as she became older. Ms. [REDACTED] brought [REDACTED] to see Dr. [REDACTED], a psychiatrist in the community, in the 7<sup>th</sup> grade. Ms. [REDACTED] recalled that Dr. [REDACTED] "didn't even ask [REDACTED] questions. He could just tell by her behavior" that she had ADHD, and described her behavior at the time as "moving constantly" and "bouncing off the walls." She reported that Dr. [REDACTED] wanted to renew [REDACTED] Concerta but [REDACTED] refused. He did prescribe Trazedone, a sleeping medication, but [REDACTED] stopped taking it after about a month because it caused drowsiness and made her fall asleep very early in the evenings.

[REDACTED] began participating in individual therapy with a counselor in Dr. [REDACTED] office in the 7<sup>th</sup> grade. Ms. [REDACTED] reported that the counseling initially appeared to improve [REDACTED] behavior but she eventually stopped going, although she did briefly resume treatment after [REDACTED] death. [REDACTED] stated, "counseling was more effective when I was younger. As I got older, I haven't been able to talk about my feelings."

[REDACTED] reported symptoms of bereavement stemming from her son's death, as well as the deaths of her cousin and nephew shortly afterwards. She declared, "2014 was the year of death." She and her mother both reported that she has blamed herself for her son's death, due to his premature birth, and that this guilt has exacerbated her grief. She reported that she began experiencing depression before her pregnancy, but her symptoms considerably worsened after her son's death. She stated that she feels



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depressed every day and tries to avoid other people as much as possible when she is depressed. She stated that when she becomes upset, she will "pull my hair out and scratch myself." She estimated that this happens on a weekly basis, most recently the day before this evaluation. She reported that she first experienced suicidal ideation shortly after her son died, when she was washing dishes and began washing a knife. This gave her the idea of cutting her wrists, but she was deterred from doing so by the phone ringing. She stated that she has continued to experience intermittent suicidal ideation ever since. She further stated that her suicidal ideation "comes and goes," can occur at any time, and she never knows what may precipitate it. She initially denied ever making actual plans to hurt herself or having current access to weapons, but later declared dramatically that she now tries to avoid objects that are "sharp or deadly or tempting," such as knives, and added "I try not to be alone anymore in case [the suicidal ideation] comes out of nowhere." This sentiment contradicted her earlier statements about wanting to be alone as much as possible.

Due to [REDACTED] reports of self-harm and suicidal ideation, this evaluator expressed concerns to [REDACTED] about her safety. This evaluator helped [REDACTED] develop a safety plan and identify two people that she could notify when she began experiencing thoughts of suicide or self-harm. [REDACTED] chose her mother and her foster mother, Ms. [REDACTED].

After this evaluation concluded, [REDACTED] and this evaluator spoke with [REDACTED] mother about her safety issues. She also promised to tell Ms. [REDACTED] about her suicidal ideation later that night, and was informed that this evaluator would also contact Ms. [REDACTED] in the meantime. This evaluator called Ms. [REDACTED] later that day (January 2) but was unable to reach her and left a message. This evaluator was able to reach Ms. [REDACTED] the following Monday (January 5). Ms. [REDACTED] affirmed that [REDACTED] did speak to her over the weekend about her history of suicidal thoughts, but had wholly attributed these thoughts to the death of her son. Ms. [REDACTED] reported that [REDACTED] regularly cooks at the house with knives and other objects that could be considered dangerous, without demonstrating any issues or cause for concern. She added that [REDACTED] often exaggerates and "makes up stories" for attention. She attributed [REDACTED] behavior to having low self-esteem due to weight issues and growing up in an unstable home, and "looking for love in all the wrong places." [REDACTED] did remark during this evaluation, "people think I use 'Shawn as an excuse [for misbehaviors] but I don't."

[REDACTED] reported a pattern of symptoms during this evaluation that were consistent with Borderline Personality Disorder. This disorder is characterized by extreme instability in emotions, relationships, and self-image. Her symptoms include mood swings, sudden and uncontrollable anger, a fear of abandonment, feelings of emptiness, impulsive and potentially dangerous behavior (e.g., promiscuity), self-injury and suicidal ideation, stress-related dissociation, an uncertain sense of self, and alternating between idealizing and devaluing other people based on their perceived ability to meet her needs.

Ms. [REDACTED] described [REDACTED] as being "quick-tempered," and [REDACTED] asserted that most of her negative emotions manifest as anger. She stated, "I tend to lash out physically when I'm depressed, so I try to stay as calm as I can." For example, she stated that if she becomes angry at school, she will walk away from other people and punch a wall or "look for something to slam without everybody coming to see what happened." She explained that she tries to conceal her emotions from other people and stated, "people say they never know how I'm feeling because I'm always smiling. I want



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people to see me but I don't want people to see inside me. I don't want nobody to know [how I feel]." She acknowledged that her anger has intensified since the loss of her son and stated, "I'm a nice person but I have a mean streak when I get mad."

[REDACTED] reported disruptions in her relationships. She stated that every so often, she purposely distances herself from others to see whether or not they will notice her absence and reach out to her. If they fail to do so, she perceives them as not truly caring about her and eliminates them from her life. She stated several times during this evaluation that she would "do anything to be liked and accepted," and attributed her history of misbehaviors to these efforts. Earlier in this evaluation, she spent a good deal of time happily describing various friendships of hers in great detail. For example, she stated that she and another girl have become "best friends" based on their mutual efforts to dissuade one another from thinking about suicide. Near the end of the evaluation, however, she began crying and stated, "everybody I love and care about, it feels like they're slipping away, like they're leaving me. It feels like it's part of my future, being alone. I'm afraid my mom will leave me."

Other mental health concerns that [REDACTED] reported include episodes of dissociation, sleep problems, and dysfunctional eating habits. She stated that she has episodes where "I tune out all the way. My mind turns blank, I won't talk or blink, I'll stand there for 30-40 minutes." She stated that these episodes have been happening with increasing frequency since being in placement. She reported that she has historically had difficulty falling and staying asleep at night, such as rarely being able to fall asleep before 3:00 am, and her sleep troubles have worsened since being in placement. She reported that she has a history of vomiting after she eats and stated that this had happened after several meals during the last few days, but attributed this to feeling stressed or simply disliking the meals she was served. She stated that she has never told anyone about the vomiting because she did not want to "bother" anyone.

[REDACTED] denied a history of anxiety, obsessive or compulsive behaviors, mania or hypomania, trauma exposure, hallucinations, delusions, or homicidal ideation. She does have a history of some conduct problems, such as fire-setting and aggression towards people. When she was 5 or 6 years old, she lit a match and dropped it onto the floor of her home, burning a hole in the floor. She acknowledged that she has a lengthy history of physical altercations with peers. She stated, "I used to fight every week. My backyard was like a boxing ring," and attributed her involvement in these fights to "my anger." Ms. [REDACTED] stated that [REDACTED] involvement in fights is usually instigated by the other person being aggressive towards [REDACTED] spreading rumors about her, or threatening a friend. Ms. [REDACTED] stated, "she stands her ground. She's not going to back down from a fight." [REDACTED] denied a history of animal cruelty, theft, or property destruction.

It should be noted that both [REDACTED] and Ms. [REDACTED] reported that they believe [REDACTED] sends them "messages" through the television. They stated that they believe he turns [REDACTED] television on sometimes in an attempt to tell Ms. [REDACTED] that [REDACTED] has misbehaved in some way. They both stated that they have witnessed the television turn on "by itself" when nobody was in the room, after she had done something wrong. Ms. [REDACTED] now uses this as an excuse to prompt [REDACTED] to confess her misbehaviors ([REDACTED] already told me what you been doing, you may as well tell me").



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[REDACTED] affirmed a history of substance abuse. She stated that she first smoked marijuana at age 14 and last used the drug three months ago. She reported that she usually smokes marijuana about once a month, always with friends. She stated that she first drank alcohol at age 15 and has consumed alcohol a total of three times during her life. She also stated that she once smoked a Black & Mild cigar. Ms. [REDACTED] reported that she began suspecting that [REDACTED] was using drugs because, despite having a part-time job, [REDACTED] was frequently out of money. She stated that she requested that DJJ administer a drug test to [REDACTED] but the test results were negative.

**Behavioral Observations:**

[REDACTED] arrived for her evaluation on time. Her mother arrived separately, due to [REDACTED] being in placement at the time of this evaluation. [REDACTED] presented as an overweight 16-year-old African-American female who appeared older than her stated age. Her concentration, eye contact, hygiene, and psychomotor activity were normal. She remained pleasant, cooperative, and engaged throughout the evaluation. She answered all of this evaluator's questions and did not appear to be purposely deceptive or untruthful. Her speech was clear, logical, and easily understood. Her mood appeared euthymic but she demonstrated some lability, shifting quickly from happy and talkative, to tearful and sad, and back again. She demonstrated some tangential and distractible thinking, and was not easily redirected.

**Mental Status:**

Current mental status examination revealed [REDACTED] to be an alert child who remained responsive throughout interview and testing. She was oriented to person, place, time, and purpose of her evaluation. During the interview, her thought processes appeared to be logical, sequential, and reality based, and her abstraction, insight, and reasoning abilities were more sophisticated than expected for someone her age. She demonstrated no indicators of psychotic processes during the evaluation. Her participation and performance during this evaluation were adequate and did not appear to be compromised by her clinical symptoms. This evaluation is judged to be a reasonable estimate of [REDACTED] current cognitive and psychological functioning.

**PSYCHOLOGICAL ASSESSMENT AND INTERPRETATION:****Cognitive/ Academic Functioning:**

IQ tests measure some of the abilities that affect academic performance. The WASI is a brief IQ test. Although WASI scores tend to change more over time than those of longer intelligence tests, given its brevity, it nevertheless has adequate reliability and validity to provide an estimate of intellectual functioning.

[REDACTED] achieved a Full Scale IQ 4 (FSIQ 4) score of 93 (32<sup>nd</sup> percentile), which fell in the Average range of cognitive abilities. This score was comprised of a Verbal Comprehension Index (VCI) of 95 (37<sup>th</sup> percentile) and a Perceptual Reasoning Index (PRI) of 93 (32<sup>nd</sup> percentile). The two-point difference between her VCI and PRI was not significant, indicating that her verbal and nonverbal reasoning abilities are well-balanced.

Name: [REDACTED]  
 JJMS: [REDACTED]

<u>Subtest</u>	<u>T-score</u>
Block Design	46
Vocabulary	44
Matrix Reasoning	46
Similarities	49

<u>Index</u>	<u>IQ score</u>	<u>Percentile</u>	<u>Range</u>
Verbal Comprehension	95	37	Average
Perceptual Reasoning	93	32	Average
Full Scale 4	93	32	Average

Selected subtests of the WFAS were used to partially assess [REDACTED] academic achievement. She obtained an age-based standard scores of 91 on both the reading comprehension and numerical operation subtests, which indicate that her academic functioning is lower than expected for her age, but consistent with her intellectual ability. More specifically, both her reading and math skills are equivalent to those of a 12-year-old. Given her lower level of academic functioning, as well as her attendance problems and ADHD symptoms, it is likely that alternative educational plans will be in her best interest to accommodate for her educational needs. She is probably at risk of dropping out of school when she turns 17, which is in approximately six months, and therefore she may benefit from a program that includes vocational skills, and/or the pursuit of a GED.

	<u>Standard Score</u>	<u>Grade Equivalent</u>	<u>Age Equivalent</u>
Reading Comprehension	91	6:7	12:4
Numerical Operations	91	7:1	12:4

#### **Personality/ Emotional Functioning:**

[REDACTED] was administered the MACI, a personality test for juveniles that measures clinical symptoms, interpersonal styles, and personality patterns; the Jesness, a personality test for delinquent juveniles; the RISB, a projective personality test where the examinee creates sentences about various word prompts; and the SASSI-A2, a screening measure for substance abuse in adolescents. Her SASSI-A2 results do not reflect any substance abuse problems at present.

[REDACTED] responses on the personality tests indicate that she wants to gain the attention and favor of others, not only by presenting herself in an attractive light but also by exposing her vulnerabilities and troubles. Contradictions of this kind often typify adolescents with severe psychological disorders. Her personality profile reflects an unhappy, moody, lonely, and socially uncomfortable young woman with very low self-esteem and a gloomy outlook on life. She is deeply unhappy with herself, particularly with her outward appearance. She displays symptoms of an eating disorder and reports restricting, bingeing, and purging behaviors. She reports being preoccupied with, and hypersensitive to, her perceived shortcomings and is extremely self-critical.

Socially, [REDACTED] appears to depend on others for validation and nurturance, but frequently finds herself feeling empty, lonely, and unwanted instead. She harbors deep feelings of anger, bitterness, and resentment towards those who have disappointed or rejected her. She is less socially mature than others her age and is often unrealistically



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optimistic in new relationships or friendships. However, past disappointments quickly lead her to become suspicious and hypersensitive to potential indicators of rejection. She seems to believe that if other people get to know her, they will share her negative opinion of herself and reject her. When she feels depressed, hurt, and/or vulnerable, she withdraws and isolates herself from others. This is both an effort to distance herself from the sting of rejection (real or perceived), and test others' devotion to her. Her belief is that if someone truly cares about her, they will notice her pain and reach out to her, but if they do not notice her absence, then "good riddance," she is better off without them. Similarly, she tends to perceive others as being either all-good or all-bad, based on how well they meet her dependency needs. When her level of distress becomes too overwhelming for her, she may substitute a more positive fantasy for her reality.

[REDACTED] mother completed the BASC-PRS, a parental behavior rating scale that evaluates the presence and severity of clinical, behavioral, or adaptive problems in children, and the Conners, an assessment of ADHD in children. Her responses indicate that she perceives [REDACTED] as having significant symptoms of ADHD, particularly attention problems and hyperactive behavior, but she does not perceive [REDACTED] as being overly oppositional. [REDACTED] also completed the Conners, but her responses indicated that she attempted to portray an overly negative impression; therefore, her responses on the measure cannot be interpreted accurately.

#### SUMMARY:

[REDACTED] was a 16-year-old African-American female who was most recently adjudicated for Violation of Probation, on October 28, 2014. Since she first came into contact with DJJ in 2013, she has also been charged with Runaway twice, Contempt of Court twice, and Truancy once. At the time of this evaluation, she had been in an out-of-home placement in [REDACTED] SC since December 9, 2014.

Assessment of family functioning indicates a history of instability and disappointment. [REDACTED] was primarily raised by her mother, although she lived with her maternal grandparents for 1 ½ years in middle school due to her mother having medical issues. [REDACTED] parents, Ms. [REDACTED] and Mr. [REDACTED] were in relationship for six years. Ms. [REDACTED] reported that Mr. [REDACTED] was emotionally abusive towards her, and she ended the relationship shortly after [REDACTED] was born. [REDACTED] is Ms. [REDACTED] only child but one of many children born to Mr. [REDACTED]. [REDACTED] relationship with her father has been inconsistent and unreliable. He demonstrates a pattern of making plans with her and getting her hopes up, only to let her down at the last minute. He has had almost no contact with her for the last three years, despite being employed as the night janitor at [REDACTED] school. She last spoke to him in early 2014 after she became pregnant. He reportedly called the child a "bastard" and she responded by hitting and scratching him. Ms. [REDACTED] has been involved in two other relationships during [REDACTED] life. [REDACTED] became fairly close with both men, but has had little to no contact with them since their relationships with her mother ended. Ms. [REDACTED] related that her relationship with [REDACTED] has declined over the years due to [REDACTED] misbehaving and becoming increasingly private. [REDACTED] on the other hand, described her parental relationships in an unrealistically positive manner, portraying her relationship with her mother as idyllic and describing her early relationship with her father as "beautiful." She typically gets into trouble at home for not completing chores, breaking curfew, or running away from home.



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She has been gone for a week or longer on five occasions. She also attempted to run away from her current placement during the weekend prior to this evaluation.

Assessment of cognitive functioning suggests that [REDACTED] intellectual functioning is in the Average range, and her verbal and nonverbal skills are well-balanced. Her academic functioning is significantly below grade-level, with reading skills at the 6<sup>th</sup> grade level and math skills at the 7<sup>th</sup> grade level. Most recently, she was enrolled in both 9<sup>th</sup> and 10<sup>th</sup> grade classes. She repeated the 7<sup>th</sup> grade due to behavioral problems. Her mother reported that she was an honor student until three years ago, when her behavioral problems began and she stopped taking her ADHD medication and began socializing with negative peers. She has never been expelled from school, but has received one out-of-school suspension for fighting and various disciplinary referrals and in-school suspensions for cell phone and dress code violations. She has an IEP at school for her ADHD and partial hearing loss. Her mother's explanation of her truant behavior and consequent DJJ involvement was simply that she "doesn't like school and doesn't want to be there." [REDACTED] stated that she "loves" school but cannot concentrate around other students. She expressed a desire to return to the alternative school that she attended during the 2013-2014 school year, after she became pregnant.

Assessment of emotional functioning indicates that [REDACTED] has been diagnosed with ADHD and was prescribed Concerta for her symptoms. This was reportedly quite effective at reducing her behavioral and attentional problems throughout elementary school but she stopped taking the medication in the 6<sup>th</sup> grade. She began individual counseling in the 7<sup>th</sup> grade, but later discontinued the treatment. She reported a long history of depression, which worsened after her son died in March of 2014. She has since experienced grief, suicidal ideation, and self-injury. [REDACTED] emotional problems are best characterized as a pattern of instability in her emotions, self-image, and relationships. She reports mood swings, sudden and uncontrollable anger, impulsive and risky behaviors, stress-related dissociation, and a habit of viewing people as either all-good or all-bad, based on their perceived ability to validate and accept her. Her personality test results reflect an unhappy, moody, and lonely young woman. She has very low self-esteem and is particularly unhappy about her physical appearance. She fears that if other people get to know her, they will share her negative opinion of herself and reject her. However, she feels deeply angry and resentful towards those who have disappointed or rejected her.

Assessment of social functioning indicates that [REDACTED] has significant relationship disturbances. On one hand, she states that she will do anything to be accepted and liked by her peers, wants people to see past her physical appearance and appreciate her personality, and all of her misbehaviors were in pursuit of peer acceptance. On the other hand, she states that she avoids people as much as possible and strives to appear agreeable while concealing her true self. She shifts between idealizing her relationships and perceiving them as closer than they really are, and professing loneliness and a fear of abandonment. The core of [REDACTED] issues is her struggle between her need for validation and acceptance from others, and her fear of rejection and abandonment. Seemingly opposite desires, her resulting behavior and attitudes are similarly inconsistent. Others probably perceive her as unpredictable, manipulative, and attention-seeking, yet she views her actions as being self-protective. For example, she tries to protect herself by pushing people away one minute, and becoming desperately clingy the next, fearing that she has pushed them too far. However, while [REDACTED] disrupted

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home life and need for acceptance do contribute to her behavioral problems, they are not the sole reason for her misbehaviors. Similarly, her son's death was indeed devastating, but it is not the sole reason for her mood and personality disturbances.

[REDACTED] likes to do what she wants, when she wants, and such tragedies serve as handy excuses when she needs them.

**Resiliency Factors:**

1. Identification of relevant needs before offenses continue
2. Capable of exerting appropriate effort and attention on tasks
3. Capable of being friendly, polite, and cooperative
4. Supportive, loving mother
5. History of mental health treatment
6. Goals for the future
7. No current substance abuse problems
8. Insight towards her symptoms
9. Desire for symptom relief
10. Average intellectual resources

**Diagnostic Impression**

300.4 Persistent Depressive Disorder, With current Major Depressive Episode  
V62.82 Bereavement  
313.81 Oppositional-Defiant Disorder  
314.01 ADHD, Combined Presentation, By history  
V61.20 Parent-child relational problem  
V62.5 Problems related to legal circumstances  
V62.3 Academic or educational problem  
Rule out Eating Disorders

**Needs and Recommendations:**

The following recommendations are presented in a prioritized fashion with the most important concern being noted first. Attention to these suggestions should be given accordingly.

1. It is recommended that [REDACTED] be court-ordered to meaningfully participate in individual and/or group counseling services to address her depression, anger, grief, and personality disturbances. It is strongly recommended that [REDACTED] work with a mental health treatment professional who is experienced in dialectical-behavior therapy (DBT), a treatment method developed specifically for individuals with Borderline Personality Disorder, and [REDACTED] is manifesting many features of this disorder. It would also be highly beneficial for [REDACTED] if the treatment provider is experienced in providing grief counseling; however, she could be referred to an additional treatment provider for grief-specific services, if needed.
2. It is recommended that [REDACTED] and Ms. [REDACTED] work together to develop a safety plan for [REDACTED]. Such a safety plan should identify multiple people in whom [REDACTED] can confide when she feels like harming herself, require [REDACTED] to immediately report such thoughts when she experiences them, and prohibit her from acting on these thoughts.



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JJMS [REDACTED]

3. It is recommended that [REDACTED] psychiatric medication needs be reevaluated by Dr. [REDACTED] and/or another psychiatrist who specializes in treating children and adolescents, and [REDACTED] must take her medication as prescribed.
4. Due to [REDACTED] academic underperformance, attendance problems, ADHD symptoms, and mental health issues, it is recommended that she be considered for an alternative educational and/or online educational program. Given her history of truant and oppositional behaviors, she can be considered at risk of dropping out of school when she turns 17, which is in approximately six months. Therefore, she will likely benefit from a program that also offers vocational skills or the opportunity to earn her GED.
5. [REDACTED] should continue her involvement in extracurricular activities, such as her part-time job. If she is unable to return to her job and/or secure another job after she returns from placement, she should be referred for another extracurricular activity, such as volunteer work or a referral to a teen center, such as the TASC center or the Boys & Girls Club. She would benefit from an activity that exposes her to new, more positive peers, keeps her busy and away from negative peers, and increases her confidence.
6. [REDACTED] and her mother should develop a behavioral contract together that outlines specific expectations for her behavior at home, at school, and in the community, as well as pre-established and meaningful consequences for any failure to abide by these expectations. This may help improve [REDACTED] behavior, as well as provide her mother with effective disciplinary techniques.
7. [REDACTED] should continue to refrain from substance abuse, and be given drug screens periodically during her time on probation to ensure that she does so. If she yields any positive drug screens, she should be referred to Keystone to have her substance abuse treatment needs assessed and she should then be expected to cooperate with all treatment recommendations.

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Jennifer Christman, Psy.D.  
Licensed Clinical Psychologist

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Kevin Irmiter, Ph.D.  
Licensed Supervising Psychologist

**SOUTH CAROLINA DEPARTMENT OF JUVENILE JUSTICE  
CONSULTATION AND EVALUATION SERVICES  
COMMUNITY PSYCHOLOGICAL EVALUATION**

<b>Name:</b>	[REDACTED]	<b>Date of Evaluation:</b>	9/28/12
<b>MIS #:</b>	[REDACTED]	<b>Date of Birth:</b>	11/19/96
<b>Evaluator:</b>	Jennifer Christman, Psy.D.	<b>Date of Report:</b>	10/19/12
<b>County:</b>	Lancaster	<b>Community Specialist:</b>	Stacy Collins

**REFERRAL STATEMENT:**

[REDACTED] is a 15-year-old white female who was adjudicated delinquent in the Family Court of Lancaster County on August 30, 2012 by the Honorable W. Thomas Sprott, Jr., for Truancy/Contempt of Court. The Court Order noted that [REDACTED] was to cooperate with a local assessment and return to Family Court for a dispositional hearing. This community evaluation was requested to address the reasons behind [REDACTED] ongoing pattern of truant behavior, and provide recommendations regarding the most appropriate interventions and treatment.

Before the evaluation, [REDACTED] and her mother, Mrs. [REDACTED], were informed of what type of information would be requested and how it would be used. They were also told that the results of the evaluation were not confidential, and would be shared with the attorneys, family court, and DJJ personnel. They were informed that suspected child abuse or neglect must be reported to the Department of Social Services. They indicated that they understood the limits of confidentiality and expressed their willingness to cooperate with the evaluation.

**Notice:**

This report is meant for the use of qualified professionals only and others involved from a legal perspective with this psychological evaluation for dispositional, placement, and/or probationary purposes. No unauthorized disclosure of this report or information contained in this report is allowed, and any person who without proper authorization discloses information contained in this report assumes all liability associated therewith. Some individuals and family members may tend to misunderstand and/or distort the information presented, herein, resulting in significant distress to the individual, or possibly interfering with rehabilitative services. For individuals with self-destructive or aggressive tendencies, the consequences of disclosure may be serious.

**DJJ File and Summary of Current Charges:**

[REDACTED] first involvement with family court occurred in 2008, when she was charged with making obscene or threatening phone calls. This charge was later dismissed. [REDACTED] current involvement with family court began when the Lancaster County school district contacted DJJ to petition the court for truancy. Records indicate that as of February 23, 2012, she had 30 unexcused absences for the 2011-2012 school year. A court order requiring school attendance for the next two years was issued on February 23, 2012 by the Honorable W. Thomas Sprott Jr. Judge Sprott also ordered [REDACTED] and her mother attend parental empowerment sessions and parent/student truancy assessment meetings. Following [REDACTED] failure to abide by this order, she was adjudicated guilty for Contempt of Court- Truancy on August 30, 2012. Judge Sprott ordered that [REDACTED] receive a 45-day suspended commitment to the Reception & Evaluation Center, contingent upon her completion of a psychological evaluation in the community. Judge Sprott also ordered [REDACTED] to remain under her mother's supervision, abide by a 7 p.m. curfew, be placed under mandatory school attendance, and, if necessary, be considered for alternative placement. In addition, the court order specified that



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if [REDACTED] has one unexcused absence or out-of-school suspension, she will be placed at Florence Crittendon for the remainder of her pregnancy.

**Sources of Information:**

DJJ File

Clinical Interviews with:

[REDACTED], age 15: Juvenile  
[REDACTED], age 40: Mrs. Lowery

Family Court Records

School Behavioral and Academic Records

Collateral Interviews with:

DJJ Probation Officer, Stacy Collins

Global Assessment of Individual Needs- Short Screener (GAIN-SS)

Trauma Symptom Checklist for Children (TSCC)

Millon Adolescent Clinical Inventory (MACI)

Wechsler Abbreviated Intelligence Scale- 2<sup>nd</sup> Edition (WASI-II)

Wechsler Fundamentals: Academic Scales (WFAS)

Jesness Inventory, Revised (Jesness)

Behavior Assessment System for Children- Parent Rating Scale (BASC-PRS)

Behavior Assessment System for Children- Self-Report (BASC-SRP)

Reynolds Adolescent Depression Scale, Second Edition (RADS-2)

Adolescent Substance Abuse Subtle Screening Inventory (SASSI-A2)

Rotter Incomplete Sentence Blank (RISB)

Behavioral Observations

**BACKGROUND INFORMATION:**

[REDACTED] was born on November 18, 1996 in Lancaster, SC to [REDACTED] and [REDACTED]. Mrs. [REDACTED] stated that she and Mr. [REDACTED] were not married at the time of [REDACTED] conception and the pregnancy was unplanned. However, they had been living together for a few years and decided to get married after [REDACTED] was born. Mrs. [REDACTED] stated that she and her husband were together for five years before they married, and were married for ten years before Mr. [REDACTED] died in a car accident in 2007. [REDACTED] was 10 years old at the time of her father's death. Mrs. [REDACTED] stated her husband had struggled with alcoholism throughout his life and had been drinking on the night of the accident. She reported that she has not remarried and is not currently in a relationship, but affirmed that she has begun dating casually since her husband's death. She recalled that her marriage was a happy one, with the exception of a two-month period where she and her husband separated. She stated that the separation occurred after Mr. [REDACTED] went on a business trip and rumors began circulating that she was having an affair. When [REDACTED] returned and heard the rumors, he angrily confronted her and she decided to leave. She maintains that she did not have an affair. [REDACTED] has three older half-siblings, one on her mother's side and two on her father's side. [REDACTED] age 19, is her half-brother on her mother's side and has always lived with [REDACTED] and her mother. He has little contact with his biological father. [REDACTED] older half-brother and half-sister on her father's side lived with the family while Mr. [REDACTED] was alive, but now live on their own. Mrs. [REDACTED] indicated that she and [REDACTED] have minimal contact with the father's other two children.

Mrs. [REDACTED] reported that she holds an associate's degree in secretarial science, and has worked off and on as a tax preparer. She stated that she is not currently working and that the family is receiving Social Security. She reported that she has not worked since April 2012 when the tax season concluded. However, she is currently enrolled in a tax class to increase her awareness of



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new tax laws. She indicated that her last employer was [REDACTED] and that she intends to return to [REDACTED] after her class ends in January 2013. Mrs. [REDACTED] recalled that before her husband's death, he had owned his own carpentry business. She reported that he completed the ninth grade, but did not progress any farther academically.

Mrs. [REDACTED] reported that [REDACTED] has been involved with DJJ in the past, which [REDACTED] probation officer, Stacy Collins, confirmed. Mrs. [REDACTED] also acknowledged some personal legal troubles, stating that she was arrested for a DUI on August 5, 2012, although the charge was reduced from a DUI to an Open Container charge. She also reported "spending a few hours in jail" about six years ago for writing a bad check to [REDACTED] day care center. She stated that Mr. [REDACTED] had been arrested three or four times for DUI and had once gotten arrested for being drunk in public, but added that all of these arrests occurred before they met. She also stated that Mr. [REDACTED] was on probation from age 16 to age 32, due to violating his probation with the aforementioned charges.

[REDACTED] denied a history of physical or sexual abuse. She did affirm a history of neglect, stating that her mother has left her and her brother alone overnight on several occasions, both before and after they began living with [REDACTED] grandparents. Mrs. [REDACTED] admitted that the family has come into contact with DSS a few times, but maintained that no charges had ever been brought against the family. She explained that her "bipolar neighbor" had recently informed DSS that she was "leaving her children with drug dealers and letting [the children] have sex." She stated that DSS found no evidence of this claim and did not investigate further. She recalled another incident with DSS about five years ago, but stated that she did not remember why DSS had been contacted. She stated, "all I remember is, they closed [the case] as soon as they walked in the house. They tested me for drugs and I passed." [REDACTED] also denied any knowledge of the allegations.

At the time of the evaluation, [REDACTED] was five and a half months pregnant. Her pregnancy was unplanned and has been identified as high-risk, due to the discovery of a "knot" in the muscles of her lower back and the fact that both of her mother's pregnancies were high-risk. She reported that the knot has caused her a great deal of pain while walking and sitting, and added that she had a doctor's appointment scheduled for the following week to see whether or not she needed to be put on bed rest. Mrs. [REDACTED] indicated that both of her pregnancies were high-risk due to cervical problems, which required her to receive a cervical stitch during each pregnancy in order to prevent preterm delivery. During her pregnancy with [REDACTED] she received the cervical stitch at 16 weeks. [REDACTED] was delivered eight days late via vaginal delivery. She denied any alcohol or drug use during gestation, but admitted to smoking cigarettes throughout her pregnancy. She stated that she tried to cut back on her tobacco consumption as much as possible, but was unable to quit smoking completely. She reported that [REDACTED] met all developmental milestones within expected limits.

[REDACTED] significant medical history includes breaking her arm three times, twice from riding horses and once from a trampoline accident. She was also hospitalized in 2009 after a knife became lodged in her brain. Mrs. [REDACTED] stated that [REDACTED] had been in the kitchen making a sandwich when she dropped the knife, and when she went to pick it up she tripped and fell forwards onto the knife. However, [REDACTED] account of the incident was quite different. She stated that [REDACTED] had invited one of his friends over to the house, and this friend threw the knife at her. The friend claimed he had been trying to throw it at the wall behind her, but she was skeptical as to whether or not this was true. She received four staples and 28 stitches along her front hairline. She stated that she is unsure of why he threw the knife, but explained "he's just not right in the head. Like his brain isn't fully developed." She affirmed that [REDACTED] became quite angry with his friend, but could not provide an answer as to why she lied to her mother about what happened. She denied ever seeing this boy since the incident.



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[REDACTED] is currently repeating the ninth grade at [REDACTED] High School. She is repeating ninth grade due to her excessive absences during the previous school year, and has continued to miss school on a regular basis during the current school year. Mrs. [REDACTED] attributed [REDACTED] truancy during the current school year to complications with her pregnancy, and stated that her absences the previous year were due to problems with teachers and other students. She stated that the school's faculty members are "mean" to [REDACTED] because Josh was known as a "troublemaker" when he was in school. She gave the following examples of [REDACTED] social difficulties: a female student threatened to "jump" [REDACTED] the week before, and one day at lunch, an African-American male student took [REDACTED] snack after he confessed that he had a crush on [REDACTED] and she responded, "we can be friends but I was taught not to date outside of my race." [REDACTED] affirmed that she has gotten into several physical altercations with other female students at school, but denied getting into any fights outside of school. She reported being suspended three or four times due to these altercations. Mrs. [REDACTED] estimated that [REDACTED] has been suspended between 8-10 times throughout her life primarily for being verbally defiant towards her teachers and disrespectful towards other students (e.g., calling another student a "wetback," according to school records). Mrs. [REDACTED] and [REDACTED] both stated that [REDACTED] behavioral problems began after Mr. [REDACTED] death.

[REDACTED] denied ever being tested for or placed in special classes, but reported being diagnosed with ADHD in elementary school. She stated that she had been taking Adderall for several years to treat her ADHD, but had to discontinue the medication after she became pregnant. She affirmed that she has had a great deal of difficulty concentrating in school without the medication. Mrs. [REDACTED] reported that [REDACTED] was also diagnosed with ADHD in elementary school. [REDACTED] expressed interest in becoming a veterinarian, and stated that she would like to be home-schooled or take online classes so she could avoid being around other students. Mrs. [REDACTED] also expressed the belief that online or night classes would be best for [REDACTED] because she would be able to concentrate better.

[REDACTED] stated that she has not used any alcohol, tobacco, or other drugs during her pregnancy, but affirmed a history of substance abuse. She reported that she first tried alcohol at age 12 with her cousin, who was 24 at the time. She indicated that she did not drink alcohol on a regular basis, but did so at parties with her friends. She reported that she usually drank liquor, although she prefers beer. The most she has ever drank at once was "maybe 10 shots at most, probably less." She stated that she has not consumed alcohol in more than a year. She indicated that her first use of marijuana also occurred at age 12 when she was with the same cousin. She stated that she has not smoked marijuana in over a year, but admitted to smoking marijuana on a weekly basis before she stopped. She added that she preferred marijuana to alcohol. She reported that she has never used marijuana or alcohol when she was alone, and explained that she stopped smoking and drinking because "I didn't like how it made me feel." She denied any other drug use.

Mrs. [REDACTED] acknowledged a family history of substance abuse. She stated that Mr. [REDACTED] along with his father and brother, were "alcoholics." She then stated that Mr. [REDACTED] significantly reduced his alcohol consumption after he met her, and that he remained sober for the majority of their relationship. She admitted that he had begun drinking again soon before his accident, and that both she and Mr. [REDACTED] had been intoxicated on the night of his death. She described Mr. [REDACTED] as "a happy drunk" who "liked Jim Beam" and denied any alcohol-related domestic violence. She denied a personal history of substance abuse problems, but [REDACTED] indicated that her mother drinks alcohol every weekend and occasionally smokes marijuana. She added that her mother and [REDACTED] have smoked marijuana and drank alcohol together on multiple occasions, although her mother has never drank alcohol or smoked marijuana with her.



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[REDACTED] denied any history of mental health treatment, but records indicate that she has taken Clonidine in the past. Mrs. [REDACTED] reported that she has also taken psychotropic medication in the past, stating that she had become so distraught during her temporary separation from her husband that she began taking Cymbalta and Xanax. Once she and her husband reconciled, however, she discontinued the medication. She denied any further history of mental health treatment or mental illness on either side of the family, but admitted that she regrets not taking the family to see a grief counselor after Mr. [REDACTED] death. [REDACTED] denied any history of depression, anxiety, self-harming behavior, suicidal or homicidal ideation, hallucinations or delusions, periods of elevated mood, or disturbances in sleep or appetite. Mrs. [REDACTED] stated that she suspects [REDACTED] might be depressed because she is "snappy," but has not noticed any other symptoms. She did acknowledge that [REDACTED] occasionally has crying spells, but stated that these incidents are always related to sadness over her father's death. [REDACTED] denied setting fires or harming animals, but Mrs. [REDACTED] reported that [REDACTED] was "lighting little fires in the backyard" until age 10.

[REDACTED] extracurricular interests primarily involve animals, and she reported that she has several dogs and cats, two snakes, and a chinchilla. Her family also owns several horses. She indicated that she prefers spending time with animals to spending time with people, and Mrs. [REDACTED] reported that [REDACTED] does not have many friends. Mrs. [REDACTED] stated, "she stays home a lot and doesn't go out. She has friends at school but not outside of school." Conversely, [REDACTED] reported that many of her friends do not attend school with her and that most of her friends are 2-4 years older than she is. [REDACTED] explained that she prefers older peers "because I grew up with all people older than me." She reported having a few close female friends, one of whom is her cousin, and no close male friends. However, she reported that she has more male friends than female friends. She indicated that she does not talk to her friends about her problems and does not like to confide in anyone.

[REDACTED] reported that the father of her child is 19 years old, and that she had known him for several years before they began dating because he is a family friend. She stated that they only dated for a month or two, and she discovered she was pregnant after they broke up. She stated that he initially wanted to "work things out" when he found out she was pregnant, but she did not want to rekindle their relationship because "I didn't like him." He has since informed [REDACTED] that he does not want to be involved in the baby's life because he heard rumors about her sexual behavior, and has doubts that the baby is his. She affirmed that the baby is his and that she wants him to be involved in the baby's life. Overall, she estimated having five or six boyfriends during her life. She related that her longest relationship lasted for one year and took place while she was in middle school. She reported that she first became sexually active at age 14 and acknowledged having five or six sexual partners, although most of these sexual partners were casual acquaintances rather than boyfriends. She commented that she continued to have sex with her baby's father after their relationship ended and she discovered she was pregnant. She reported that she "usually" uses protection and denied ever contracting an STD. Mrs. [REDACTED] recalled that she had brought up the subject of birth control with [REDACTED] about two weeks prior to her pregnancy. She asked [REDACTED] if she wanted to go on birth control, and [REDACTED] declined. Mrs. [REDACTED] stated that she did not know [REDACTED] was sexually active at that time, but since [REDACTED] was in high school she thought it would be a good idea to discuss safe sex with her. [REDACTED] stated that she was already pregnant when her mother broached the topic, and felt she had no need for birth control pills.

### Family Functioning:

Currently, [REDACTED] lives with her mother, her half-brother [REDACTED], her maternal grandparents, and her maternal uncle in her maternal grandparents' home. Mrs. [REDACTED] stated that the family has been staying with [REDACTED] grandparents for several months, as their own house is undergoing renovation.



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She reported that [REDACTED] grandparents live directly across the street from [REDACTED] house, and added that the renovations should be completed approximately two weeks after the evaluation.

Mrs. [REDACTED] described her relationship with [REDACTED] as "good," stating "we don't argue much at all. If we do, it's about stuff with her, like not doing her homework." She indicated that the family is very close-knit and supportive of [REDACTED], recalling an incident in [REDACTED] childhood when [REDACTED] and her brother were playing with a hair trimmer and [REDACTED] accidentally shaved part of her head. Mrs. [REDACTED] had to shave the rest of [REDACTED] hair as well in order for it to grow out, and [REDACTED] was quite upset. In an attempt to make [REDACTED] feel better about her appearance, her father, brother, grandfather, and uncles all shaved their heads as well. Mrs. [REDACTED] stated that she was initially "speechless" when [REDACTED] confessed that she was pregnant, but she and [REDACTED] grandmother have pledged to help [REDACTED] raise the baby and support her as much as possible.

In regards to Mr. [REDACTED] death, Mrs. [REDACTED] stated that [REDACTED] is "doing okay, but sometimes she breaks down." She reported that Mr. [REDACTED] death has most notably affected [REDACTED] behavior at school, her relationship with her brother, and her interactions with the family's horses. [REDACTED] reported that she and [REDACTED] had a very poor relationship when she was a child and they frequently got into heated verbal and physical altercations. After their father's death, however, they stopped arguing and became much more supportive of one another. Mrs. [REDACTED] recalled that prior to Mr. [REDACTED] death, [REDACTED] spent most of her time at home with her father and the family's horses. Mr. [REDACTED] used to "break" horses, meaning he would teach wild or young horses how to follow human cues and commands, and he had been teaching [REDACTED] how to do it. Since his death, she has had to teach herself how to "break" horses, which has been difficult for her emotionally.

[REDACTED] primary chores are to keep her room clean and care for her animals. Mrs. [REDACTED] reported that [REDACTED] does not have a curfew because she rarely leaves the house. She stated, "she doesn't like to go out. She doesn't like to go out to eat, I have to pick up food and bring it home. She doesn't like crowds." She stated that her primary method of discipline with [REDACTED] is not allowing her to ride the family's horses for a certain amount of time.

## PSYCHOLOGICAL ASSESSMENT AND INTERPRETATION:

### Behavioral Observations:

[REDACTED] and her mother arrived an hour late for their evaluation, citing a misunderstanding regarding the date and time of the evaluation. [REDACTED] was a 15-year-old white female who appeared her stated age and was appropriately dressed. [REDACTED] presented as a rather sullen and uncooperative adolescent, and it was difficult to establish a positive rapport with her. Her eye contact was poor and she spoke in a low, somewhat indistinct monotone for most the interview. She responded with a one-word answer or "I don't know" to nearly every question. Her mood appeared poor and she exhibited a restricted range of affect. She was moved to silent tears for several minutes when discussing her father's death, but demonstrated little emotion throughout the rest of the evaluation other than flashes of frustration and irritation. She was easily frustrated during testing, particularly on tasks involving verbal reasoning or verbal expression such as the Vocabulary and Similarities subtests on the WASI-II and the RISB, and she did not respond to encouragement.

### Mental Status:

Current mental status examination revealed [REDACTED] to be adequately alert and she was oriented to person, place, time, and purpose of her evaluation. She exhibited some difficulty with focusing on,



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and attending to, tasks although her lack of concentration appeared to be related more to a lack of interest in the testing process rather than mere distractibility. Her vocabulary, fund of knowledge, and general verbal articulation suggested her intellectual functioning was within the low range. Her thought processes appeared to be logical, sequential, and reality-based, but her reasoning was very concrete and her abstraction was poor. There was no indication of a thought disorder and psychotic processes were neither reported nor observed. Her performance did not appear to be affected by any symptoms of anxiety, depression, or other mental health concerns. Serious emotional problems and suicidal ideation were not apparent or reported. She did demonstrate some guardedness and reluctance to be entirely forthcoming, but sufficient participation was noted for this to be judged a reasonable estimate of [REDACTED] current intellectual and psychological functioning.

#### Juvenile's Account of Offense/Acknowledgement of Harm Caused:

[REDACTED] acknowledged missing a considerable amount of school, during the current school year as well as the previous one. She attributed her absences during the current school year to her pregnancy, but was unable to articulate the reasoning behind her absences the previous year other than vague references to poor concentration and disliking her classmates. Her pattern of behavior suggests that her pregnancy is more of a convenient excuse than a true reason for most of her absences.

#### Cognitive/ Academic Functioning:

As illustrated by her WASI-II scores, [REDACTED] level of intellectual functioning falls within the Extremely Low range. Her scores also indicate that her perceptual, spatial, and visual reasoning abilities are significantly more advanced than her verbal reasoning and comprehension skills. [REDACTED] WFAS scores suggest that her level of academic functioning is also well below average, as both her Reading Comprehension and Mathematics scores were equivalent to those of a fifth-grader. She has never been involved in special education services, but appears to have fallen behind her same-age peers considerably. It is likely that her academic and intellectual limitations have contributed to her excessive absences and general dislike towards school.

#### WASI-II SCORES

Verbal	T Score	Performance	T Score
Vocabulary:	27	Block Design:	39
Similarities:	33	Matrix Reasoning:	37
Composite Score		Percentile Rank	
Verbal IQ Score:		68	
Performance IQ Score:		80	
Full Scale IQ Score:		67	

#### WFAS SCORES

Subtest	Standard Score	Grade Equivalent	Age Equivalent
Reading Comprehension:	88	5 <sup>th</sup>	10:8
Mathematics:	79	5 <sup>th</sup>	10:4



Name: [REDACTED]

MIS # [REDACTED]

**Personality/ Emotional Functioning:**

Assessment indicates that [REDACTED] is not experiencing any clinically significant symptoms of emotional distress at this time. [REDACTED] responses on the GAIN, an initial screening measure for behavioral symptoms, indicated that she was experiencing some sadness, anxiety, and difficulty sleeping. However, her reported symptoms did not fall within the clinically significant range on any other measures of personality or emotional functioning. Her responses on the RADS-2, a measure of depressive symptoms in adolescents, did not reflect the presence of depressive symptoms. Mrs. [REDACTED] responses on the BASC-PRS, a behavioral rating scale for parents, suggest the absence of severe emotional distress or emotionally-laden behavior. Her responses also indicate that [REDACTED] is more likely to internalize her emotions than lash out at others. [REDACTED] responses on the BASC-SRS, a self-report behavior rating scale, also indicate an absence of severe emotional distress or emotionally-laden behavior. [REDACTED] responses on the TSCC, a measure of PTSD symptoms in children and adolescents, indicate the absence of a trauma history. Her responses on the SASSI-A2, which measures substance abuse in adolescents, indicate a history of substance abuse but no current substance abuse problems.

Due to [REDACTED] previous diagnosis of ADHD, [REDACTED] was administered the self-report version of the Conners, an assessment for ADHD in adolescents, and Mrs. [REDACTED] was administered the corresponding parental report version. While [REDACTED] responses affirm that she has difficulty concentrating, it appears as though she does not consider herself to have the other symptoms or behavioral patterns associated with ADHD. In contrast, Mrs. [REDACTED] responses indicate that she does feel [REDACTED] is at risk for ADHD. She appears to perceive [REDACTED] as being equally afflicted with poor concentration and hyperactivity, but not with the behavioral patterns associated with ADHD.

On the MACI, a personality test for juveniles that assesses maladaptive personality patterns, expressed concerns, and clinical syndromes, [REDACTED] did not score in the range normally associated with any clinical disorders. Rather, her MACI results are more reflective of a long-standing pattern of reactively angry, troublesome behavior. She experiences periods of dejection, loneliness, anxiety, or self-deprecation, followed by impulsive and angry outbursts towards others. She is easily irritated and frustrated, and is particularly reactive to external pressures and demands from others. She feels misunderstood by and resentful of her peers, and has little sympathy for other people and their problems. Her dysphoria, insecurity, and resentment drive her to lash out in an unruly or argumentative fashion. These angry, defiant outbursts are useful for her in the moment by eliciting attention, discharging anger and frustration, and "getting revenge," but her behavior is self-defeating in the end because it only exacerbates her social conflicts. Unless modified, this pattern is likely to increase her chance of future behavior problems, and does not bode well for [REDACTED] ability to cope with the demands of a newborn infant.

[REDACTED] responses on the MACI and BASC-SRS indicate that she is currently experiencing a great deal of uncertainty and anxiety about her personal identity, sexuality, goals, and capabilities. She appears to be struggling between the desire for autonomy and independence, and the fear that she is not capable of being self-reliant. Her responses also suggest that she may be at risk for depression. It is likely that her pregnancy has brought these concerns to the forefront for [REDACTED]

**SUMMARY:**

[REDACTED] is a 15-year-old white female who has been adjudicated for Contempt of Court-Truancy. This is the first charge for which she has been adjudicated for. Her truant behavior began



PSYCHOLOGICAL EVALUATION: CONFIDENTIAL

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Name: [REDACTED]

MIS # [REDACTED]

during the 2011-2012 school year and has continued into the current 2012-2013 school year. School records indicate that she had 30 unexcused absences between fall 2011 and February 23, 2012. On this day, a court order requiring school attendance for the next two years was issued. [REDACTED] failed to abide by this order, and she was adjudicated delinquent for Contempt of Court-Truancy on August 30, 2012. At the time of her evaluation, she was 5 ½ months pregnant. She attributed her school absences during the current school year to complications with her pregnancy but was unable to articulate reasons for her truant behavior the previous year, other than vague references to poor concentration and conflicts with her peers.

Assessment of family functioning indicated that there is little discord in [REDACTED] home [REDACTED] and her mother report a good, conflict-free relationship and [REDACTED] reported having a close relationship with her brother and grandparents as well. Mrs. [REDACTED] appears to care deeply for her daughter, and [REDACTED] has been reassured that she has the full support of her mother and grandparents in regards to her pregnancy. However, there is a stark absence of supervision and disciplinary measures in the home and the mother consistently makes excuses for [REDACTED]. This risk factor was noted throughout [REDACTED] DJJ file, and [REDACTED] admitted that her mother sometimes left her and her brother alone for extended periods of time. She acknowledged that her mother drinks alcohol every weekend, and reported that her mother and brother sometimes drink alcohol and smoke marijuana together. She does not have a curfew and there are no real disciplinary recourses for her misbehavior. She has not been punished for or deterred from her truant behavior, which has persisted for two school years. She has been able to drink alcohol, smoke marijuana, and engage in risky sexual behavior without any parental deterrence or consequences. However, it is likely that [REDACTED] behavioral problems are also partly related to Mrs. [REDACTED] inaccurate perceptions about her daughter's behavior. Mrs. [REDACTED] stated that [REDACTED] "doesn't like to go out," yet [REDACTED] has had the opportunity to have five or six sexual partners in less than two years. Mrs. [REDACTED] also demonstrates a tendency to gloss over, and make excuses for, [REDACTED] behavior. While the death of her father has been very difficult for [REDACTED] Mrs. [REDACTED] seems inclined to look towards Mr. [REDACTED] death as an excuse for [REDACTED] behavior rather than holding [REDACTED] accountable for her actions. Such an environment is not conducive or safe for raising an infant, and this is a point of concern.

Assessment of intellectual and academic functioning indicated that [REDACTED] intellectual abilities fall within the Extremely Low range, as demonstrated by a WASI-II Full Scale IQ (FSIQ) Score of 67. Her nonverbal, perceptual, and spatial reasoning skills appear to be significantly more advanced than her verbal reasoning and comprehension skills. Her WFAS scores suggest that her level of academic functioning is also well below average, as both her Reading Comprehension and Mathematics scores were equivalent to those of a fifth-grader. While her FSIQ Score does fall within the range of mild mental retardation, she does not exhibit the corresponding impairment in daily functioning. In addition, her nonverbal scores were considerably higher than her verbal scores and did not fall within the range of mild mental retardation. She has never been involved in special education services, but appears to have fallen behind her same-age peers considerably. It is likely that her academic and intellectual limitations have contributed to her excessive absences and general dislike towards school. It is also possible that she may have a learning disorder, although further testing would be necessary in order to make such a diagnosis.

Assessment of personality and emotional functioning indicated that [REDACTED] is not experiencing any clinically significant symptoms of emotional distress at this time. Rather, her test results are more reflective of a pattern of reactively angry, troublesome behavior. She experiences periods of dejection, loneliness, anxiety, or self-deprecation, followed by impulsive and angry outbursts towards others. She is easily irritated and frustrated, and feels misunderstood by and resentful of her peers. Her dysphoria and insecurity drive her to lash out at others in an unruly or argumentative



# PSYCHOLOGICAL EVALUATION: CONFIDENTIAL

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Name: [REDACTED]  
MIS #: [REDACTED]

Axis II: 314.9 ADHD Not Otherwise Specified  
Axis III: V62.89 Borderline Intellectual Functioning  
Axis IV: Pregnancy, History of open head injury  
Stressors: Legal involvement  
Family problems  
Problems with peers, lack of social support  
Academic problems  
High-risk teen pregnancy  
Axis V: GAF = 60

## Needs and Recommendations:

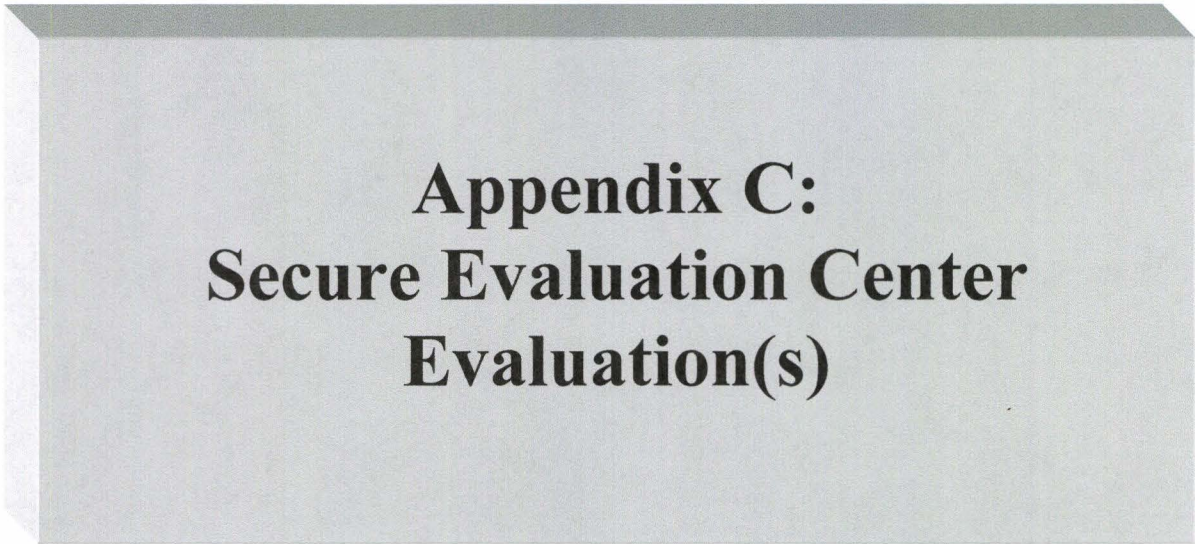
The following recommendations are presented in a prioritized fashion with the most important concern being noted first. Attention to these suggestions should be given accordingly.

1. It is recommended that [REDACTED] participate in grief counseling in order to treat her unresolved grief over her father's death. It is also recommended that [REDACTED] be closely monitored by her counselor for several months after she gives birth, as she may be at risk for post-partum depression.
2. A referral for Intensive Family Services is recommended. Considering the ongoing lack of supervision, the family's prior brushes with DSS, and the family's temporary housing situation, more intensive services are needed to assist the family in establishing a safe, structured, and appropriate home environment before [REDACTED] gives birth.
3. It is recommended that both [REDACTED] and her mother participate in a parenting skills program, although it may be better for [REDACTED] and her mother to participate in separate programs or classes in order to avoid influencing [REDACTED] parental strategies. [REDACTED] social difficulties, aversion to crowds, and difficulty concentrating in a large classroom indicate that a program following an individual or small group format would be ideal for her. Hands-on activities are also recommended, as her nonverbal and spatial reasoning skills are stronger than her verbal comprehension skills.
4. It is recommended that [REDACTED] either enroll in an alternative academic program, the certificate program, or be referred to the Vocational Rehabilitation program. She is less likely to succeed in the traditional school setting but would benefit from earning a certificate or GED, or learning job-related skills. It is not recommended, however, that she enroll in online classes. Considering her problems concentrating and limited motivation for academic achievement, this is unlikely to be a successful path for her.
5. An IEP and/or further intellectual and academic achievement testing may be necessary to assist [REDACTED] in continuing her academic journey.
6. It is recommended that [REDACTED] be required to complete a number of community service hours, as a means of holding her accountable for her actions. She appears to disregard conditions of probation or court orders if they do not result in immediate, tangible consequences. She would also benefit from an activity that would afford her an opportunity to improve her sense of self-efficacy and her social skills.

Jennifer L. Christman, Psy.D.  
Community Psychologist III

Kevin Irmiter, Ph.D.  
Supervising Psychologist





## **Appendix C: Secure Evaluation Center Evaluation(s)**

- **Past: May 2011**
- **Present: December 2014**

Juvenile's  
Protective

383397

UNIT: BROAD

SW: GUILFOYLE

MOBLE

DOB:

DOA: 05/17/11

DOC: 05/17/11

DOR:

UEC

A&B 2<sup>ND</sup>

PA:

5

1 LBS.

ROCKHILL SC 29730

BRN EYES

803-415-5664

SMT: S A1

ALERT:

SDC

GRADE:

LOCKER:



CONFIDENTIAL  
SOUTH CAROLINA DEPARTMENT OF JUVENILE JUSTICE  
UPSTATE EVALUATION CENTER  
COMPREHENSIVE  
PSYCHOSOCIAL AND PSYCHOSEXUAL EVALUATION

NAME: [REDACTED] DATE: 06/22/2011  
JJMS: [REDACTED] AGE: 16 DOB: 08/ [REDACTED] /1994  
DATE OF COMMITMENT: 05/17/2011 COUNTY: York  
DATE OF RELEASE: 06/22/2011 DISCHARGE TO: York  
DETENTION ORDER: Yes  
ALERT: None

DISPOSITIONAL RECOMMENDATION:

☐ Diversion ☒ Probation ☐ Suspended Commitment  
☐ Monetary Restitution ☐ Community Service ☐ Commitment

PLACEMENT RECOMMENDATION:

☐ Home Placement ☒ Alternative Placement (to be secured by Continuum of Care)  
☐ DJJ Institution

ATTACHMENTS:

☒ FORM 5  
☒ COURT ORDER  
☒ PSYCHOSOCIAL EVALUATION  
☐ PSYCHIATRIC EVALUATION  
☒ STUDENT TRANSCRIPT  
☒ HEALTH EXAMINATION RECORD  
☐ MEDICAL LAB REPORT

5/18/2011 9:15:47 AM

County: York

Alias:

Home A

Mailing

Race:

Age:

School:

| 29730

Medicaid #

No

ending Day School | Grade: 10th | Attendance: Fair | Speci

#### Contacts

Father:

3: ;

Mother:

3: ;

ILL, E

#### JJ Personnel

Social Worker

Guilfoyle, Debbie E

Division of Community Services

05/17/2011

Probation/Parole Counselor

Fitch, Valerie D

York

03/29/2011

#### Juvenile's Traits

019 - DNA Test Required No

DNA Test Complete No

021 - Registry Required No

#### Legal History

##### Referral Date Description

05/17/2011 05/17/2011 Evaluation Order

04/22/2011 04/22/2011 Assault: Assault & Battery 2nd degree

05/17/2011 -- Prosecute -- Solicitor 16th Circuit

-- Evaluation (Secure) -- Guess, Robert E

03/29/2011 03/29/2011 Probation Order

01/04/2011 01/04/2011 House Arrest Order

12/20/2010 12/20/2010 Status: Incorrigible, Ungovernable, Beyond the Control of

##### Parents

12/20/2010 -- Prosecute -- Solicitor 16th Circuit

01/04/2011 -- House Arrest Order -- Guyton, David G

-- Evaluation (Community) -- Guyton, David G

-- Suspended Commitment To An Evaluation Center --

Guyton, David G

03/29/2011 -- Probation -- Woods, Henry T

##### Source/Action By

Guess, Robert E

Rock Hill PD

Woods, Henry T

Guyton, David G

York



STATE OF SOUTH CAROLINA

IN THE FAMILY COURT

COUNTY OF YORK

ORDER

11 - JU-46-324

In the interest of:

Hearing/Trial Date: May 17, 2011

Hearing/Trial Judge: Guess

Attorney for State: W. Payne

Attorney for Juvenile: S. Coleman

Charges: Assault & Battery 1<sup>st</sup>

Dk. # 11-324

Dk. #

Dk. #

Dk. #

Dk. #

Dk. #

Dk. #

Dk. #

and/or, Disposition on charges of:

Dk. #

Dk. #

Dk. #

Dk. #

Dk. #

Dk. #

#### FINDINGS OF FACT

This comes before this court on a juvenile matter. A hearing was held before me for one or more of the following purposes:

- ☒ adjudication of the above charge(s);
- ☐ disposition of the above charge(s) after evaluation at the Department of Juvenile Justice (DJJ) Reception and Evaluation Center;
- ☐ disposition of the above charge(s) after a community evaluation;
- ☐ violation of juvenile's probation;
- ☐ contempt of court for violation of School Attendance Order;
- ☐ review of minor's probationary sentence;
- ☐ detention hearing on the above charge(s).

In the hearing, the juvenile:

☒ knowingly, voluntarily, and with the advice of competent counsel, or his/her parent or guardian, PLEAD GUILTY to the following charges:

Assault + Battery Dk. # 11-324

Dk. #

2nd Degree Dk. #

Dk. #

and the following charges were **NOLLE PROSEQUI**:

Dk. #

Dk. #

Dk. #

Dk. #

☐ knowingly and voluntarily admitted violating his/her probation after indicating that the juvenile did so upon advice of counsel with whom he/she is satisfied.

☐ knowingly and voluntarily admitted contempt of court after indicating that the juvenile did so upon advice of counsel with whom he/she is satisfied.

☐ stood trial on the charge(s) of \_\_\_\_\_.

#### CONCLUSIONS OF LAW

The State has shown beyond a reasonable doubt that the minor:

- ☒ is delinquent by reason of the plea of guilty.
- ☐ is delinquent after having been found guilty.
- ☐ knowingly and willfully violated the terms of his/her probation.
- ☐ disposition of this matter as ordered below is in the minor's best interest.
- ☐ knowingly and willfully violated the prior School Attendance Order.

*RAI*

\_\_\_\_\_ there is probable cause to believe that the juvenile committed the above-referenced charge(s) and  
\_\_\_\_\_ that the juvenile should be **detained** according to the SC Code of Laws Section 20-7-7210.  
\_\_\_\_\_ there is probable cause to believe that the juvenile committed the above-reference charge(s) and that the  
\_\_\_\_\_ juvenile shall be **released** from secure detention into a DJJ **Juvenile Release Home (JRH)** with conditions as  
\_\_\_\_\_ specified below:  
\_\_\_\_\_ there is probable cause to believe that the juvenile committed the above-referenced charge(s); however, the  
\_\_\_\_\_ juvenile should be **released** to the custody of his/her parent/guardian with conditions as specified below:

THEREFORE, IT IS ORDERED that the minor:

✓ \_\_\_\_\_ be committed to the custody of the **UPSTATE EVALUATION CENTER (RECEPTION AND EVALUATION)**  
\_\_\_\_\_ for up to 45 days for evaluation and shall be returned to this court for further disposition. *to include a psycho-*  
\_\_\_\_\_ be placed under a **SUSPENDED COMMITMENT TO THE UPSTATE EVALUATION CENTER (RECEPTION AND EVALUATION)** and ordered to comply with probation as set forth herein. *sexual evaluation*

\_\_\_\_\_ If the juvenile violates this order in any way, he/she shall be immediately picked up and held in  
\_\_\_\_\_ custody until final disposition of the case. If the juvenile has not yet met with a DJJ psychologist for  
\_\_\_\_\_ completion of the community evaluation, then the juvenile shall be transported to Upstate Evaluation Center  
\_\_\_\_\_ for completion of this evaluation with no further hearing needed. If the juvenile has already met with a DJJ  
\_\_\_\_\_ psychologist for completion of the community evaluation, then the juvenile shall be held in detention until  
\_\_\_\_\_ dispositional hearing at completion of the community evaluation written report.

\_\_\_\_\_ shall get a **COMMUNITY EVALUATION** and shall be returned to this court for further disposition.  
\_\_\_\_\_ is committed to the custody of DJJ for an **indeterminate period** not to exceed his/her 21<sup>st</sup> birthday.  
\_\_\_\_\_ is committed to the custody of DJJ for an **indeterminate period** not to exceed his/her 21<sup>st</sup> birthday. With this  
\_\_\_\_\_ commitment, should the Department of Juvenile Justice determine that this juvenile **qualifies for placement**  
\_\_\_\_\_ in a community residence (alternative) placement, the above **commitment is suspended** and DJJ shall  
\_\_\_\_\_ release this juvenile to such a program. Upon release, this juvenile shall be placed on indefinite probation  
\_\_\_\_\_ and comply with all other terms of probation as ordered below, and as a condition of probation shall cooperate  
\_\_\_\_\_ with and successfully complete all requirements of this placement. *DJJ commitment can be changed to placement*  
\_\_\_\_\_ be placed under a **SUSPENDED COMMITMENT TO DJJ** and ordered to comply with probation as set forth  
\_\_\_\_\_ herein.

\_\_\_\_\_ shall be given a **DETERMINATE SENTENCE** in a secure facility of DJJ for a period of \_\_\_\_\_  
\_\_\_\_\_ . With this commitment, R&E is waived and the juvenile must attend  
\_\_\_\_\_ school while on the determinate sentence. Should the Department of Juvenile Justice determine that this  
\_\_\_\_\_ juvenile qualifies for placement in a community residence (alternative) placement, the above commitment is  
\_\_\_\_\_ suspended and DJJ shall release this juvenile to such a program. Upon release, this juvenile shall be placed  
\_\_\_\_\_ on indefinite probation and comply with all other terms of probation as ordered below, and as a condition of  
\_\_\_\_\_ probation shall cooperate with and successfully complete all requirements of this placement. *Placement*  
\_\_\_\_\_ *determines release*

\_\_\_\_\_ shall be given a **DETERMINATE SENTENCE** at the Moss Justice Center/DJJ for \_\_\_\_\_ 48 hr. weekends.  
\_\_\_\_\_ The weekend service should be served on the dates and times assigned by the juvenile's  
\_\_\_\_\_ probation officer, but must be no less than 48 hours on any weekend.

\_\_\_\_\_ The weekend service shall be required only if deemed appropriate by the juvenile's  
\_\_\_\_\_ probation officer. If imposed, the weekend service should be served on the dates and times assigned by the  
\_\_\_\_\_ juvenile's probation officer, but must be no less than 48 hours on any weekend. *Weekend sentence*  
\_\_\_\_\_ shall be given a **DETERMINATE SENTENCE** in a secure facility of DJJ for a period of \_\_\_\_\_.

\_\_\_\_\_ With this commitment, R&E is waived and the juvenile must attend school while on the determinate sentence.  
\_\_\_\_\_ The juvenile shall be released to placement as soon as placement becomes available and  
\_\_\_\_\_ shall remain in placement until successful completion. If no placement is secured during this determinate  
\_\_\_\_\_ sentence, juvenile must comply with placement as soon after release as placement is secured. *Judge determines*  
\_\_\_\_\_ *release*

\_\_\_\_\_ shall be given a **SUSPENDED DETERMINATE SENTENCE** to DJJ for a period of \_\_\_\_\_

\_\_\_\_\_ shall be given a **SUSPENDED PLACEMENT** to an appropriate facility.

\_\_\_\_\_ be **DETAINED** at the DJJ State Detention until disposition of this case or until released by the court or until  
\_\_\_\_\_ such time as another detention hearing may be held in the case at the request of the attorney for the juvenile.  
\_\_\_\_\_ be **RELEASED FROM DETENTION** pending disposition of his/her case with one or more of any of the  
\_\_\_\_\_ following conditions checked below:

*Pjt #2*



\_\_\_\_\_ be placed on PROBATION under the supervision of DJJ for \_\_\_\_\_, under the following terms:

\_\_\_\_\_ the minor shall be removed from the home and placed into the protective custody of the Department of Social Services (DSS).

\_\_\_\_\_ the minor shall be placed in a group home or other approved facility and shall abide all rules of placement.

\_\_\_\_\_ the minor shall be on house arrest at the following address: \_\_\_\_\_.

During this house arrest, the juvenile may not leave the home for any reason except to attend school, meet with his/her attorney or DJJ, seek medical attention, or attend church.

This house arrest shall/shall not include electronic monitoring.

\_\_\_\_\_ the minor shall comply with the Choices, Family Solutions, Girls Circle or other Program through DJJ as deemed appropriate by DJJ.

\_\_\_\_\_ the minor shall comply with the Gang Out Program.

\_\_\_\_\_ the minor shall successfully complete the Juvenile Drug Treatment Court program.

\_\_\_\_\_ the minor shall have a \_\_\_\_\_ p.m. curfew unless attending school, church, or some other activity approved by his/her parent(s), guardian(s) or DJJ.

\_\_\_\_\_ the minor shall cooperate with the completion of a Community Psychological Evaluation.

\_\_\_\_\_ the minor shall cooperate with counseling at the Catawba Family Center or through a private provider until successful completion. This shall include random drug screens. If the minor and/or parent does not comply with the Psychiatric Assessment within 90 days the minor and/or parent may be held in Contempt of Court.

\_\_\_\_\_ The minor shall serve 48 hours at Moss Justice Center or a DJJ facility for each appointment the client misses. The minor shall serve 48 hours at a DJJ facility for every failed drug test.

\_\_\_\_\_ the minor shall cooperate with counseling at Keystone and follow any recommendations from that agency. The juvenile must also submit and pass random drug screens.

\_\_\_\_\_ The minor shall serve 48 hours at Moss Justice Center or a DJJ facility for each session the minor misses at Keystone. The minor shall serve 48 hours at a DJJ facility for every failed drug test.

\_\_\_\_\_ the minor shall cooperate with Palmetto Youth Connections.

\_\_\_\_\_ the minor shall cooperate with the Teen Health Center.

\_\_\_\_\_ the minor shall attend Project Right Turn at the time and date provided by DJJ.

\_\_\_\_\_ the minor shall pay restitution in the amount of \$ \_\_\_\_\_ to the victim(s) \_\_\_\_\_.

\_\_\_\_\_ the minor shall write an apology letter to \_\_\_\_\_.

\_\_\_\_\_ the minor shall perform \_\_\_\_\_ hours of community service at such times and places as directed by DJJ.

\_\_\_\_\_ the minor shall pay a fine in the amount of \$ \_\_\_\_\_.

\_\_\_\_\_ the minor shall participate in a mentoring program as approved by DJJ.

\_\_\_\_\_ the minor shall cooperate with an Auxiliary Probation Officer if one becomes available.

\_\_\_\_\_ the minor shall be restrained from his/her co-Defendants and also any contact with the following individuals: \_\_\_\_\_.

\_\_\_\_\_ the minor's case shall be set for a review of probation by the Court in \_\_\_\_\_ days.

IF PLACED ON PROBATION OR RELEASED FROM DETENTION AWAITING DISPOSITION OF HIS/HER CASE, THE JUVENILE MUST ALSO ABIDE BY THE FOLLOWING:

- The minor shall report to his/her probation counselor as directed and cooperate with the requirements of his/her probation counselor.
- The minor shall not possess or use alcohol, drugs, or illegal weapons or be in the presence of persons who are using or possessing the same or be on premises where alcohol is served.
- The minor shall not commit any criminal or delinquent acts or be in the presence of other persons committing a crime or otherwise breaking the law.
- The minor shall attend school, adult education, or some other educational program approved by DJJ and must be on time for each class and shall obey all school rules.
- The minor shall not leave the State of South Carolina for any reason without permission of the probation counselor.
- The minor's parent(s) or guardian(s) shall immediately report to DJJ any violation by the minor of the terms of this Order.
- The minor shall be restrained from contact with any victims in the matter.
- If the juvenile is released on House Arrest and is picked up in violation of House Arrest, he/she may be taken to DJJ State Detention Facility and held up to ten (10) days until a detention hearing may be held in the matter with no further order of the Court needed.

Page 3

- If residing with his/her parent/ guardian, juvenile shall abide by all rules of the home, and shall not leave home without permission.
  - If the juvenile has been adjudicated delinquent of a crime as enumerated in the SC Code of Laws Section 23-3-620, the juvenile must submit to Deoxyribonucleic Acid (DNA) testing.
  - If the juvenile has been adjudicated delinquent for possession of any controlled substance, narcotic, beer or alcohol his/her driver's license shall be suspended for the statutory period of time. If the juvenile has a driver's license he/she shall surrender the license to Department of Juvenile Justice immediately upon conviction. If the juvenile does not have a driver's license his/her eligibility to apply for one shall be delayed accordingly.
  - The juvenile's parent(s)/Guardian(s) are also placed under the Order.
  - If the juvenile and/or parent(s)/Guardian(s) fail to comply with any term of this Order he/she shall be subject to the Contempt powers of the Court and/or to a violation of probation.
- NOTE: If the juvenile has been screened by the Clerk of Court for representation in this case, juvenile shall pay an application fee of \$40 to the Clerk of Court for application for a public defender in this case.

Other: The Court shall determine whether this juvenile should be placed on the sex offender registry at this dispositional hearing. All prior assessments, evaluations and incident reports shall be given to RJE to assist with the evaluation. It shall be noted that other co-accused described in the incident report was not charged. Detain for disposition.

The period of any probationary sentence shall be AUTOMATICALLY EXTENDED if court ordered restitution has not been paid in full and/or until the juvenile has successfully completed any and all stipulated programs. The period of the extension shall be for an additional 60 days unless otherwise specified by the court.

AND IT IS SO ORDERED.

5/17, 2011  
Rock Hill, South Carolina

[Signature]  
PRESIDING JUDGE, SIXTEENTH JUDICIAL CIRCUIT

order.yorksmallertext

#41



CONFIDENTIAL  
SOUTH CAROLINA DEPARTMENT OF JUVENILE JUSTICE  
UPSTATE EVALUATION CENTER  
COMPREHENSIVE  
PSYCHOSOCIAL AND PSYCHOSEXUAL EVALUATION

DATE: 06/22/2011

NAME:

JJMS:

DOB:

COMMITTING COUNTY: York

OFFENSE: Assault and Battery Second Degree

REFERRAL STATEMENT

[REDACTED] was committed to the Upstate Evaluation Center by Judge Robert E. Guess of the Family Court of York County on 05/17/2011 for a comprehensive evaluation in order to make recommendations regarding the most appropriate custodial or correctional care and any other interventions that might hold the juvenile accountable for the current offense and reduce the likelihood of future offending. It was further ordered that [REDACTED] receive a psychosexual assessment, consideration for sex offender registry shall be determined at the dispositional hearing, and that he should be detained pending a dispositional hearing.

A psychosexual assessment examines the motivations and the offense history of an individual who has committed an offense of a sexual nature. This involves assessing the individual's offense behavior in detail, and placing that behavior in an overall social and psychological context. The goal is to make placement and treatment recommendations that balance the needs of the offender with the safety needs of the community.

NOTICE

This report is confidential and should only be released to those with a legal right to know or the written consent of relevant parties. Release should be limited to that information pertinent to the needs of the requesting party and should be in a form that is understandable to the requesting party (i.e., jargon and scores may need to be omitted or explained thoroughly).

Some individuals and family members may tend to misunderstand and/or distort the information enclosed in this report. This may result in significant psychological distress to the individual or may interfere with any treatment and eventual recovery from psychological illness, if present. For individuals with self-destructive or assaultive tendencies, the consequences of ill-advised disclosure of this report may be serious.

This juvenile was informed of the purpose of the evaluation and was informed that the results would be shared with the SCDJJ staff and Family Court officials, as well as any others with the legal right to know. He was informed that suspected child abuse or neglect must be reported to the Department of Social Services. He indicated that he understood the limits of confidentiality.

## SOURCES OF INFORMATION

Clinical interview with [REDACTED] juvenile

Collateral telephone interview with [REDACTED], mother

Email and/or phone contact with York County DJJ Community Specialist, Valerie Fitch

Email and/or phone contact with York County Continuum of Care Worker, Del Chesteen

Previous Community Evaluation, dated 03/28/2011

DJJ file information

Psychological Testing (current)

Reynolds Adolescent Depression Scale - 2nd Edition (RADS-2)

## DJJ HISTORY AND SUMMARY OF CURRENT OFFENSE

[REDACTED] was committed to the Upstate Evaluation Center after being adjudicated for Assault and Battery Second Degree. According to the petition, on or about 04/06/2011, [REDACTED] did willfully and unlawfully commit an assault and battery in the first degree upon one [REDACTED], to wit: touching his genitals above the clothing. When [REDACTED] went to court on this charge, it was pled down to Assault and Battery Second Degree. According to Ms. [REDACTED], [REDACTED] rubbed the leg of a mentally-handicapped 20-year-old that rode the bus with him and [REDACTED] thought that this behavior was acceptable because the 20-year-old would lay his head on [REDACTED] shoulder.

[REDACTED] only other referral to DJJ was in December 2010 after he was charged with Incurable. He was ordered to take part in a community evaluation, placed on house arrest, and given a suspended commitment to an evaluation center on 01/04/2011. When [REDACTED] went to court on 03/29/2011, he was placed on probation.

### **Juvenile's Account of the Offense**

Regarding his current offense of Assault and Battery Second Degree, [REDACTED] admitted to engaging in inappropriate sexual behavior with the victim, [REDACTED] (age 20). For further information regarding this offense, please refer to the "PSYCHOSEXUAL FUNCTIONING" section of this report.

## FAMILY FUNCTIONING

Prior to being committed to UEC, [REDACTED] resided with his mother, [REDACTED] (age 58), and his mother's friend, [REDACTED] (age 52). Ms. [REDACTED] explained that she has just regained custody of [REDACTED] in January 2011, but he has been staying with her off and on since October 2010. According to Ms. [REDACTED], she left [REDACTED] in the custody of her mother when she was incarcerated for two years. Once she was released from prison, she moved in with them. She noted that as a result of a strained relationship with her sister, who was also living in the home, she moved out, but [REDACTED] opted to remain with his grandmother and aunt. Ms. [REDACTED] stated she was under the impression that her sister had custody papers indicating that their mother transferred custody of [REDACTED] to her, but Ms. [REDACTED] eventually learned that her sister did not have such papers. At that point, [REDACTED] came to stay with her.

Ms. [REDACTED] reported she was never in a relationship with [REDACTED] father, [REDACTED] (age 60), but they were good friends. She also stated that [REDACTED] does not have contact with his father at this time because his father is an alcoholic. As for her relationship with [REDACTED] Ms.



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[REDACTED] reported that it had been strained because his aunt was telling him lies about her, but it has begun to improve. Ms. [REDACTED] reported that [REDACTED] is her only child, but he has older siblings by his father who he sees on a regular basis and with whom he gets along. Ms. [REDACTED] also noted [REDACTED] gets along well with Ms. [REDACTED]

At home, [REDACTED] is expected to clean his room, put his things away, take the trash out, and help with the yard work. According to Ms. [REDACTED], there are times that she has to remind [REDACTED] to complete his chores. She reported his curfew is 10:00 p.m., but she also noted that he does not go anywhere. Since [REDACTED] has been back with his mother, he has not run away or snuck out of the house. However, while he was living with his aunt and his grandmother, he was sneaking out of the house on a regular basis, while dressed as a female, which contributed to his prior incorrigible charge. The only behavior issues that Ms. [REDACTED] reported are that [REDACTED] has "some anger," he mumbles under his breath, and he does not follow instructions, which she believes he learned from his aunt because she never enforced anything. Both Ms. [REDACTED] and Ms. [REDACTED] will punish [REDACTED] by placing him in time outs or with the use of corporal punishment, after which [REDACTED] will apologize for his behavior. She also noted that there are times that he gets mad, but he does not act on it and he has never become physically or verbally aggressive.

Ms. [REDACTED] is a disabled veteran and Ms. [REDACTED] is disabled due to a lung disease, so there is always someone home to supervise [REDACTED]. Ms. [REDACTED] reported she needs to have a knee replacement from an old injury and suffers from some numbness in her feet. She reported that she takes Neurontin and Zoloft due to diagnoses of depression and PTSD, as well as medications to help manage her blood pressure and to help her sleep. She noted that Ms. [REDACTED] is also in good health overall, but she takes various medications to help manage her lung disease, allergies, and high blood pressure. Other than Ms. [REDACTED] current diagnoses, there is no history of mental illness within her family or Mr. [REDACTED] family. She also stated there is no history of suicide attempts or completions within either family.

Ms. [REDACTED] reported she was incarcerated for two years on a charge of Simple Possession and Mr. [REDACTED] has been in jail as the result of child support issues. According to the previous community evaluation, Ms. [REDACTED] has received charges of Distribution of Drugs, Driving with a Suspended License, and Possession. Ms. [REDACTED] admitted that Mr. [REDACTED] is an alcoholic and he used to use marijuana and crack, but she is not sure if he is still using drugs. She reported [REDACTED] has a paternal uncle who also has a history of alcohol and drug use. Ms. [REDACTED] admitted she used to use crack but she has been clean for about 12 years and she does not drink alcohol. She explained that the aunt who used to care for [REDACTED] is an alcoholic and she might be abusing her pain medications.

Ms. [REDACTED] reported that her mother passed away in September 2010 and this has been difficult for [REDACTED]. She explained that he had several chances to return to her home, but opted to stay with his grandmother because he was concerned about her safety and it has been difficult for him since she passed away.

#### Juvenile's Report of Family Functioning

Prior to coming to UEC, [REDACTED] stated he lived at home with his mother. Also living in the home is [REDACTED] whom [REDACTED] described as a "god-aunt" and frequently refers to her as Aunt [REDACTED]. He noted he has been living with his mother since January 2011 and prior to that he was living with his Aunt [REDACTED] and his maternal grandmother. He stated he has lived with



his grandmother most of his life, but has maintained contact with his mother. He reported his grandmother died on September 12, 2010 from colon cancer. He admitted it has been very difficult to deal with her death.

reported he does not have any contact with his father because they do not get along as his father does not approve of "lifestyle," which he explained as his sexual orientation. reported he has a half-sister (age 38), with whom he has regular contact, and a half-brother and a half-sister (ages unknown), with whom he does not have regular contact.

described having a good, close relationship with his mother and getting along well with Ms. . He noted his mother and Ms. have no issues with his sexual orientation, in contrast with most of his other family members.

reported his chores at home are to clean his room, take out the trash, and vacuum, which he usually completes without having to be reminded. He stated his curfew on school nights and weekends is to be in by dark, by which he generally abides. Since living with his mother, he reported has not run away, left home without permission, or snuck out of the house. When he lived with his aunt, admitted a history of frequently sneaking out the house. He reported he would sneak out in order to calm down after being upset from an argument with his aunt and would also sneak out to meet older men.

## ADOLESCENT FUNCTIONING

### Relevant History

Ms. stated she did not use any drugs or drink any alcohol while she was pregnant with . She reported she did not experience any complications during the pregnancy or the delivery and was able to reach all of his developmental milestones on time. As an infant, she stated that had numerous ear infections as the result of having a birth defect in his right ear. Tubes were placed in his ear three times, but to no benefit. She also reported he had surgery to remove a cyst on his left ear when he was four-years-old.

According to the community evaluation, records from Catawba Family Center indicated began receive mental health services in 1999. Per the report, "Dr. , Catawba Family Center psychiatrist, diagnosed with ADHD Combined Type, Mood Disorder NOS, Adjustment Disorder with Mixed Anxiety and Depressed Mood, and Gender Identity Disorder" and had been prescribed Risperdal 1mg and Vyvanse 50mg.

reported he was hospitalized at Three Rivers Behavioral Health for "forty-five days for assessment and help with sexual issues and urges." A Discharge Summary from Three Rivers dated 05/17/2011 indicated he was on 04/08/2011 for assessment of sexually inappropriate behavior. In this same summary, it was noted that "appears to have seen himself for a long time as a "women trapped in a man's body." He was prescribed Zoloft 25mg and Revia 50mg to address his sexual urges. Upon discharge, had "showed some decrease in his impulsive sexual and victimization provoking behaviors." His discharge diagnoses were Conduct Disorder, Childhood Onset; Sexualized Behavioral, Possible Paraphilia NOS; Sexual Abuse and Posttraumatic Stress Disorder Symptoms Related to Sexual Abuse; History of Cross Dressing; ADHD; Probable Gender Identity Disorder with a GAF of 30. At discharge, was taking prescribed Concerta 36mg, Zoloft 25mg, and Revia 50mg.



While at UEC, ██████████ was followed by pediatric psychiatrist, Dr. ██████████, for medication management. On 05/18/2011, Dr. ██████████ changed the Concerta to Strattera 25mg due to weight loss while ██████████ was taking Concerta. On 06/01/2011, Clonidine 0.1 mg was added at ██████████ and Ms. ██████████ request to target evening anxiety and sleep disturbance. As of 06/06/2011, ██████████ was taking Strattera 25mg, Revia 50mg, Zoloft 25mg, and Clonidine 0.1mg.

Ms. ██████████ reported ██████████ has witnessed physical and verbal violence between her and his aunt. She noted there were times that ██████████ would try to mediate the issues between them in hopes of keeping peace within the home. ██████████ reported he was verbally and physically abused by his Aunt ██████████ who was also abusive to his grandmother. He stated his aunt would hit him or throw objects at him when he did something wrong, whipped him with a large stick, and has burned him with cigarettes. He reported on at least one occasion he needed medical attention, but was too scared of what his aunt might do if he sought treatment.

██████████ reported he has been sexually abused on different occasions. He reported he was abused at age 7 by a 13 or 14-year-old boy, between the ages of 12 and 13 by an adult Mexican male, and again at age 14 by an adult African-American male that raped him in his home. He reported he told his Aunt ██████████ about the abuse, but she refused to believe that any happened or "had the charges dropped." ██████████ reported he has also been coerced into sex by two different adolescent males by threatening to expose their sexual relationship and "cry rape." ██████████ admitted both of these individuals were two or three years younger than him, so he had sex with them even though he did not want to in order to avoid getting in trouble because of their age difference.

Per Ms. ██████████ the incident of sexual abuse that occurred when ██████████ was seven was investigated by the police and the Department of Social Services. However, she reported that ██████████ aunt had the cases closed because she thought ██████████ was lying. Ms. ██████████ reported that DSS investigated the home several times while ██████████ was staying with his aunt because she was neglecting him and endangered him several times. She also stated that her sister placed ██████████ in foster care in February of 2010 for about two months while she was supposed to be in the hospital. However, ██████████ was never removed from the home by DSS.

### Current Symptomatology

In regards to emotional concerns, ██████████ reported he saw his deceased grandmother and aunt on separate occasions, shortly after their deaths. He denied any other symptoms of psychosis. He denied symptoms consistent with manic or hypomanic episodes, but admitted feeling sad at times when he thinks about the death of his grandmother. He reported he had suicidal thoughts a few years ago after being sexually abused and planned to stab himself with a long-bladed knife, but did not as he was afraid of the pain he would inflict. He stated this was the only time he had such thoughts. He denied engaging in any self-injurious behavior and denied any other significant symptoms of depression. ██████████ responses on the RADS-2, a measure designed to assess symptomatology associated with depression in children and adolescents, indicated that he is currently experiencing mildly significant levels of depression and often experiences somatic complaints.

██████████ described experiencing symptoms consistent with posttraumatic stress, including recurrent thoughts, nightmares, flashbacks, hypervigilance, avoidance behaviors, and difficulty



concentrating. He reported he has nightmares and/or flashbacks almost every day. He denied frequent worrying, social anxiety, or panic attacks.

In regards to behavioral issues, [REDACTED] admitted experiencing symptoms associated with Attention-Deficit/Hyperactivity Disorder, including inattentiveness, hyperactivity, and impulsivity. He denied significant behaviors related to Oppositional Defiant Disorder or Conduct Disorder.

In regards to a history of substance abuse, Ms. [REDACTED] reported she had no direct knowledge of [REDACTED] using substances, but believed he may have tried marijuana when he was 15 as she found remnants in his room when she was cleaning. However, when she confronted him, he claimed that it belonged to a friend. [REDACTED] denied smoking cigarettes, drinking alcohol, or experimenting with marijuana or other drugs. During the community evaluation, [REDACTED] was administered the SASSI-A2, a screener for substance and alcohol abuse. His scores indicated that there is a low probability of him having a substance abuse or substance dependence disorder.

### **Behavioral Observations**

[REDACTED] is a 16-year-old African-American male of average height and weight. He wore eyeglasses throughout the commitment. He presented as clean and well groomed. He displayed normal fine-motor and gross-motor behavior with no signs of clumsiness, tremors, tics, psychomotor agitation, or psychomotor retardation. He was polite and cooperative at all times. Rapport was easily established. Mood exhibited was euthymic, and affect was congruent. He worked persistently, and did not give up easily with difficult items. His attention seemed focused on, and adequate for, the tasks presented. Sufficient participation was noted for the results of this assessment to be deemed reliable estimates of [REDACTED] current level of intellectual and psychological functioning.

### **Mental Status**

During the testing phase of the psychological evaluation, [REDACTED] seemed aware of his surroundings, the nature of his offenses, and the time involved. There were no signs of mental confusion or psychotic thought processes. Long-term, short-term, and intermediate working memories appeared adequate.

### **Behavioral/Emotional/Personality Functioning**

With regards to aggressive behavior, [REDACTED] did not describe a history of aggressiveness. He denied any homicidal ideation or seriously injuring anyone. He stated the last fight in which he was involved occurred at UEC when he was attacked by another juvenile. He reported he has been in multiple fights in his life as he is often picked on, harassed, and attacked by other juveniles. He denied being an aggressor in these altercations. [REDACTED] stated he is generally not verbally or physically aggressive, but admitted that he has punched walls and thrown objects in the past when angered. He reported he typically does not have difficulty managing his anger. His mother reported [REDACTED] has been abusive with the family dog, in that he would beat or kick it if it was following him.

During the previous community evaluation, [REDACTED] was administered the MACI, a self-report measure of personality functioning, expressed concerns, and clinical syndromes. His responses indicated that he views "school work and careers goals as the problems that are troubling him



the most. His responses also indicate he "feels ashamed for being a victim of abuse, fears rejections by his peers, and seems sad at times."

### **Cognitive Functioning and Academic Achievement**

During the community evaluation earlier this year, [REDACTED] was administered the WASI to assess his level of intellectual functioning. According to this instrument, [REDACTED] is functioning in the Average range of intellectual ability as indicated by a WASI Full Scale 4 score of 104. No significant discrepancies were indicated between subtest scores which suggest that [REDACTED] verbal/abstract reasoning skills and visual/perceptual abilities are fairly evenly divided. [REDACTED] obtained the following WASI scores:

Verbal		Performance	
Scaled Score (Ave.=10 +/-3)		Scaled Score (Ave.=10 +/-3)	
Vocabulary	10	Block Design	10
Similarities	12	Matrix Reasoning	10
IQ Scores		Range of Ability	
IQ		Percentile Rank	
Verbal	106	Average	66
Performance	100	Average	50
Full Scale-4	104	Average	60

During the same evaluation, [REDACTED] was administered the WIAT-II to assess his level of academic achievement. His scores indicated that his achievement in reading and math is consistent with his intellectual functioning (Reading Comprehension Standard Score = 111; Numerical Operations Standard Score = 101).

### **SCHOOL/JOB FUNCTIONING**

[REDACTED] reported he is currently in the tenth grade at the alternative school program through [REDACTED] High School, which is also his home school. He stated he was referred to the alternative school program because of his current offense. He stated he repeated the ninth grade because of their frequently moving around and [REDACTED] not doing his work. He stated he typically makes As, Bs, and Cs. According to Ms. [REDACTED], [REDACTED] grades began to decline when he started having nightmares about what happened while living with his aunt. A psychoeducational report from 2009 indicated [REDACTED] was initially classified as Learning Disabled in kindergarten, but was then reclassified in middle school and placed on a 504 plan due to problems with Attention Deficit Disorder. He was referred again for services in 2009 due to behavioral problems and was classified as Other Health Impaired and was placed on a Behavioral Intervention Plan. According to the discipline report from [REDACTED] High School dated 02/18/2011, Moultrie has been written up for truancy, tardiness, ID violation, phone violation, hitting a student, inappropriate affection, and profanity. [REDACTED] expressed a desire to graduate high school and would like to attend a fashion design school and a cosmetology school in California.

### **PEER RELATIONS**

Ms. [REDACTED] reported that [REDACTED] has "plenty" of friends on the internet who range in age from 18 to 26 and he has lots of friends who are about his age who he associates with at church. Ms. [REDACTED] noted that [REDACTED] was sneaking out of his aunt's home in order to have sexual

encounters with his "friends" from the internet. Even though he admitted sneaking out of his aunt's house to meet older men, [REDACTED] denied having sex with these individuals. According to Ms. [REDACTED] she knows most of his friends' parents and she always knows where he is and who he is going out with. Ms. [REDACTED] reported that [REDACTED] gets together with his friends at church activities or they might go to [REDACTED] or the movies. As far as she knows, his friends do go to school on a regular basis. Ms. [REDACTED] reported she is aware that one of [REDACTED] friends has been involved with the legal system, so she does not allow him to associate with this individual any longer. She stated that he is not involved with a gang or gang members and he does not get into fights. However, she noted that he did get into two fights while he was at Three Rivers, but these were self-defense situations.

[REDACTED] stated he has four close friends, most of whom are the same age, and they enjoy hanging out together, skating, and swimming. He believes his friends would say he is a good friend because he is easy to talk to and he makes them laugh. He denied his friends have any legal histories, substance use, or gang involvement. He reported his mother approves of his friends and is usually kept informed of his location when he is with his friends. [REDACTED] stated he has had three consensual sexual partners and considers himself to be bisexual. He admitted he has not used protection, but has never contracted a STD. Ms. [REDACTED] acknowledged that [REDACTED] is sexually active and stated she has discussed the importance of practicing safe sex and being respectful of appropriate sexual boundaries with him.

#### COMMUNITY FUNCTIONING

Ms. [REDACTED] reported she and Ms. [REDACTED] are currently renting a three-bedroom house, but they are planning to move to a new county in early June, so that [REDACTED] might have a fresh start when he returns home. She described their current neighborhood as being "ok," but noted that there are a lot of drugs in the area. According to Ms. [REDACTED] [REDACTED] does fine when he is in the neighborhood and the community. Ms. [REDACTED] reported she has her driver's license, but she does not have transportation at this time, so she has to depend on friends to help her get around.

#### ADJUSTMENT TO THE EVALUATION CENTER PLACEMENT

Since being committed to UEC, [REDACTED] has been involved in two altercations in which he was assaulted by a peer. In both instances [REDACTED] was the victim. Otherwise, he has been able to interact with the staff in an appropriate and respectful manner. The educational staff reported that he demonstrated good effort on all tasks and he demonstrated the ability to behave appropriately in large groups. They also reported that he was able to respect the rights of others and he demonstrated responsibility and age appropriate social skills.

#### PSYCHOSEXUAL FUNCTIONING

This assessment evaluated the extent and seriousness of the offender's sexually inappropriate behavior and is considered along with factors related to family, social and psychological functioning in making recommendations. At present, there are no validated assessment instruments that can predict an adolescent's risk to re-offend sexually prior to treatment. However, there is research-based literature that associates various elements of a sex offense pattern with varying degrees of seriousness, and hence, of risk. This information will be incorporated below.



According to the Police Incident Report dated 03/02/11, [REDACTED] County Department of Social Services case worker, Grace Cunningham, made a referral to [REDACTED] Police Department about [REDACTED] touching the genitals of [REDACTED], a 20-year-old mentally disabled male, while on the school bus.

During the interview, [REDACTED] appeared open and forthcoming about the incident surrounding his current charge. He reported that while riding the school bus, [REDACTED] often placed his head on [REDACTED] shoulder and would rub the back of [REDACTED] leg. He stated that he thought this meant that [REDACTED] whom he believed had "the mind of a 12-year-old," liked him. He stated that he had mentioned to the bus driver about [REDACTED] touching him, the bus driver moved [REDACTED] to a different seat. However, on the day of the incident, [REDACTED] reported he had to sit with [REDACTED] again due to another student being on the bus. He stated that while [REDACTED] had placed his head on [REDACTED] shoulder, [REDACTED] touched [REDACTED] genitals over his clothes. He reported that [REDACTED] initially laughed and then told him to stop, at which point [REDACTED] stopped. He reported he touched [REDACTED] for less than one minute. [REDACTED] stated that [REDACTED] told his mother what happened and his mother informed the school. The school then expelled [REDACTED] and he received his charge. [REDACTED] reported that when he was in court, he learned that [REDACTED] had the "mind of a 4-year-old." [REDACTED] acknowledged that he knew his actions were wrong, but did not think that [REDACTED] would tell about what occurred. [REDACTED] expressed remorse for his actions and stated he did not mean to hurt [REDACTED].

[REDACTED] stated he first learned about sex at age 12 or 13 from a health class at school. As previously mentioned, [REDACTED] has been sexually abused on at least three separate occasions, including by two adult males. As mentioned in the previous community evaluation, [REDACTED] also has a history of sneaking out of the house at night, dressed as a girl, and going to other communities or clubs to pick up adult men. [REDACTED] stated he did not engage in sexual activity with these men, but found it amusing to have them believe he is a girl and for them to "get ornery and anxious to do it with me." He reported that he would tell the men he was tired and have them take him home before they engaged in any sexual activity. [REDACTED] reported he realizes now the danger he was playing himself in when dressing as a girl to meet older men. He stated he has not done this again since moving in with his mother in January.

According to the community evaluation, [REDACTED] previously reported he used to "feel like a woman trapped in a man's body." He noted he still feels that way and will often wear women's clothes as it brings out his "inner feminine side" and makes him "feel free." He denied getting sexually aroused from dressing in women's clothes. He also reported he does not have the opportunity to dress in women's clothes at his mother's house. As previously mentioned, [REDACTED] considers himself to be bisexual. He reported he has been in a relationship with a girl, but has only had sexual relationships with men.

[REDACTED] noted he often has to fight "sexual urges," which he explained as urges to have sex and to masturbate. He reported that before moving in with his mother, he would frequently masturbate approximately twelve times each day and estimated he masturbated at most 20 times in one day. He reported he would frequently watch pornographic videos, depicting both homosexual and heterosexual intercourse, while masturbating. He noted he would masturbate even if he were not watching pornographic videos. He noted the medication he is on appears to be helping to control his sexual urges, even though the urges have not disappeared completely.



At present [REDACTED] actions against the victim, though inappropriate, do not appear to be predatory or overtly malicious in intent. Considering his history of impulsivity and the "sexual urges" he described experiencing (i.e. chronic masturbation), it is probable that [REDACTED] was pursuing a brief sexual encounter with the victim, even though he knew his actions were wrong at the time.

### SUMMARY

[REDACTED] is a 16-year-old African-American male who has been committed to UEC after being adjudicated for Assault and Battery Second Degree. [REDACTED] only other involvement with DJJ was when he was charged with Incurable in December 2010.

[REDACTED] has had a rather chaotic upbringing. He is currently residing with his mother and his mother's friend, but he previously lived with a maternal aunt and his maternal grandmother while his mother was incarcerated. Upon her release, Ms. [REDACTED] returned to her mother's home. However, Ms. [REDACTED] and her sister used to get into frequent fights, so she eventually moved out. [REDACTED] opted to remain with his grandmother and aunt due to concerns for his grandmother's safety because his aunt was abusive toward her. [REDACTED] aunt was reported to have been physically and emotionally abusive toward [REDACTED] him and she was investigated by DSS, but no charges were pursued.

[REDACTED] biological parents were never married and they were never in a committed relationship. Ms. [REDACTED] reported that [REDACTED] does not have contact with his father because he is an alcoholic and she believes he might have a substance abuse history. She also admitted that she has a history of substance use, but she has been substance free for about 12 years. At home, [REDACTED] does not present any serious behavior issues, but there are some adjustment issues, that they are working through. In school, [REDACTED] is in the 10<sup>th</sup> grade. He has a history of classification as learning disabled and is currently classified as Other Health Impaired due to ADHD.

[REDACTED] current level of intellectual functioning is average for his verbal and nonverbal reasoning abilities as well as his overall cognitive functioning. His academic achievement in reading and math is commensurate with his intellectual functioning.

[REDACTED] has been had multiple instances of sexual abuse, has been coerced into sex by previously consenting partners, and has been verbally and physically abused by family members, including experiencing verbal abuse and disdain for his sexual orientation. He described experiencing symptoms consistent with Posttraumatic Stress Disorder, related to both physical and sexual abuse. He often feels confused about his gender identity and enjoys dressing in women's clothes as he "feels free." He has a history of placing himself in potentially dangerous situations or in situations in which he may be easily victimized. He described frequent sexual urges that have led to chronic masturbation, even though he feels medication has somewhat diminished the urges.

Regarding his offense, [REDACTED] actions do not appear to be predatory or overtly malicious in intent and it is possible [REDACTED] was attempting to pursue a brief sexual encounter with the victim. He admitted he knew his actions were wrong at the time and expressed remorse for his actions. At present, he is considered a low-risk to engage in sexually inappropriate behavior again. However, unless he receives treatment to address appropriate sexual boundaries and



his sexual urges, [REDACTED] may place himself in another situation where he may be easily victimized.

On 06/20/2011, an interagency staffing was held between representatives of York County DJJ, UEC, and Continuum of Care. Present for the meeting were Marge Loewer, DJJ Coordinator Treatment Services; Valerie Fitch, York County DJJ Intake Specialist; Ray Moore, York County DJJ Intake Supervisor; [REDACTED] mother, [REDACTED], friend of the family; Renee Hampton, Continuum of Care Clinical Coordinator; Carrie Howell, Continuum of Care Clinical Coordinator; Deborah Guilfoyle, UEC Social Worker; and Oliver Keadle, UEC Psychologist. Representatives of the meeting agreed that [REDACTED] behavior has greatly improved since returning to live with his mother in January. It was noted that one of the primary areas of treatment for [REDACTED] should be helping him learn appropriate sexual boundaries. [REDACTED] is often confused as to who he may have touched inappropriately in the past, when it is or is not appropriate to touch someone (even in a non-sexual way), and understanding with whom it is safe for him to start a sexual relationship. It was agreed that [REDACTED] should be placed briefly (90 days) in a residential setting, such as Palmetto Pee Dee Behavioral Health, to address sexual boundaries, inappropriate sexual behaviors, and his history of sexual victimization. Upon his release from placement, [REDACTED] and his family should participate in family counseling, preferably intensive family services if possible.

#### STRENGTHS

1. Positive self-concept
2. Supportive mother
3. Average intellectual abilities
4. Interest in obtaining his high school diploma
5. Ability to be polite and cooperative in a one-on-one setting

#### DSM-IV DIAGNOSTIC IMPRESSIONS

Axis I: 309.81 Posttraumatic Stress Disorder, Chronic  
 314.01 Attention-Deficit/Hyperactivity Disorder, Combined Type  
 Rule Out 311 Depressive Disorder NOS  
 Rule Out 302.85 Gender Identity Disorder in Adolescent

Axis II: No Diagnosis

Axis III: None Reported


Axis IV: Problems related to legal system  
 Problems with academic setting


Axis V: GAF = 60

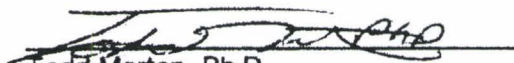
#### NEEDS AND RECOMMENDATIONS

1. Continuation of Probation with York County Department of Juvenile Justice is recommended for [REDACTED]. Terms of Probation should mandatory school attendance and socially acceptable behavior in the school, home and community.
2. As agreed upon in the Interagency Staffing held on 06/20/2011, cooperation with short-term placement, to be secured by Continuum of Care, is recommended for [REDACTED] to address sexual boundaries, inappropriate sexual behaviors, and his history of sexual victimization.

3. Upon discharge, family-based services, as deemed appropriate, are encouraged to enhance disciplinary skills and to aid in fostering more structure and supervision within the home environment.
4. Continued participation with Catawba Family Center is recommended for counseling and psychiatric treatment services. As of 06/06/2011, is taking Strattera 25mg, Revia 50mg, Zoloft 25mg, and Clonidine 0.1mg. Individual counseling should assist him in addressing the various traumas that he has experienced. This counseling should also assist him in improving his decision making skills as well as his coping skills.

  
Deborah E. Guilfoyle, LMSW  
Social Worker IV

  
Oliver W. Keadle, Jr., M. S.  
Psychologist III

  
Todd Morton, Ph.D.  
Supervising Psychologist  
Director of Clinical Services



**South Carolina Department of Juvenile Justice  
Evaluation Center Transcript**

**Student's Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**Date Enrolled:** \_\_\_\_\_ **Date Released:** \_\_\_\_\_  
**Days Present:** 26 **Date of Report:** June 6, 2011

Note: The curriculum at the Evaluation Center is aligned with the South Carolina Curriculum Standards but is presented at the student's individual instructional level. Teachers use whole-class, small group, and individualized instructional methods. Grades reflect achievement at the student's functional level.

**Subjects and Grades**

**95 English/Language Arts**  
☒ Reading/Literature  
☒ Writing/ Grammar  
☐ Speaking  
☒ Listening  
☐ Research

**93 Science**  
☐ Inquiry  
☒ Life Science  
☒ Earth Science  
☐ Physical Science  
☒ Health

**86 Mathematics**  
☒ Numbers and Numeration Systems  
☒ Numerical/Algebraic Concepts/Operations  
☒ Patterns, Relationships, Functions  
☐ Geometry and Spatial Sense  
☐ Measurement  
☐ Probability and Statistics

**89 Social Studies**  
☐ American History  
☐ S.C. History  
☐ Geography  
☒ Law-Related Education  
☐ Character Education

**Grading Scale: 93 - 100 = A; 85 - 92 = B; 77 - 84 = C; 70 - 76 = D; 69 and Below = F**

**Instructional Level, as Determined by Administration of the California  
Achievement Test (C.A.T.) Locator 1 or 2:**

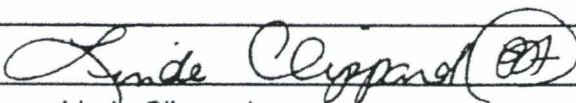
Reading Range: 10.6-12.9

Math Range: 8.6-11.2

**Signature of Lead Teacher:**

**Print Name:**

**Telephone Number:**



Linda Clippard

864-429-3610

**SOUTH CAROLINA DEPARTMENT OF JUVENILE JUSTICE**  
**EVALUATION CENTER EDUCATIONAL ADJUSTMENT SUMMARY**

**Student:** \_\_\_\_\_

**Date:** 6-Jun-11

**Classroom Observations**

**Frequently**

**Sometimes**

**Rarely**

**1. Follow oral directions**

☒☐☐

**2. Respects authority**

☒☐☐

**3. Respects the rights of others**

☒☐☐

**4. Adapts to class structure & rules**

☒☐☐

**5. Demonstrates self control**

☒☐☐

**6. Demonstrates responsibility**

☒☐☐

**7. Demonstrates age appropriate  
social skills**

☒☐☐

**Educational Observations:**

\_\_\_\_\_ demonstrates good effort on all tasks. He has the ability to behave  
\_\_\_\_\_ appropriately in large groups.  
\_\_\_\_\_  
\_\_\_\_\_

Teacher Signature: \_\_\_\_\_

Lead Teacher: \_\_\_\_\_

*Bonnie L. Clippard*

Linda Clippard

Telephone Number: 864-429-3610 ext 231



CONFIDENTIAL  
SOUTH CAROLINA DEPARTMENT OF JUVENILE JUSTICE  
UPSTATE EVALUATION CENTER  
COMPREHENSIVE PSYCHOSOCIAL EVALUATION

DATE: 12/03/2014

NAME: [REDACTED]

JJMS: [REDACTED]

DOB: 07/1999

COMMITTING COUNTY: York

OFFENSE: Contempt of Court for Violation of School Attendance Order

REFERRAL STATEMENT

[REDACTED] was committed to the Upstate Evaluation Center (UEC) by the Honorable David G. Guyton of the Family Court of York County, on 10/28/2014, for a comprehensive evaluation. The purpose of the evaluation is to make recommendations regarding the most appropriate custodial or correctional care, along with determining if any additional interventions are appropriate that might hold the juvenile accountable for the current offense and reduce the likelihood of future offending.

NOTICE

This report is confidential and should only be released to those with a legal right to know or the written consent of relevant parties. Release should be limited to that information pertinent to the needs of the requesting party and should be in a form that is understandable to the requesting party (i.e., jargon and scores may need to be omitted or explained thoroughly).

Some individuals and family members may tend to misunderstand and/or distort the information enclosed in this report. This may result in significant psychological distress to the individual or may interfere with any treatment and eventual recovery from psychological illness, if present. For individuals with self-destructive or assaultive tendencies, the consequences of ill-advised disclosure of this report may be serious.

This juvenile was informed of the purpose of the evaluation and was informed that the results would be shared with the SCDJJ staff and Family Court officials, as well as any others with the legal right to know. He was informed that suspected child abuse or neglect must be reported to the Department of Social Services. He indicated that he understood the limits of confidentiality.

SOURCES OF INFORMATION

Clinical interview with [REDACTED], juvenile  
Collateral phone interview with [REDACTED], biological mother  
Email and telephone contact with Antoine Knox, York County DJJ Intake Counselor  
Telephone contact with Olivia Smith, York County DJJ Supervisor  
Email contact with Patricia Cook, York County DSS Intake Specialist  
DJJ file information  
Psychological Testing  
    Adverse Childhood Experiences (ACE)  
    Berry-Buktenica Developmental Test of Visual-Motor Integration, Sixth Edition (VMI)

Millon Adolescent Clinical Inventory (MACI)  
Multidimensional Anxiety Scale for Children, Second Edition (MASC-2)  
Reynolds Adolescent Depression Scale, Second Edition (RADS-2)  
Rotters Incomplete Sentences Blank (RISB)  
Substance Abuse Subtle Screening Inventory-Adolescent, Second Edition (SASSI-A2)  
Wechsler Abbreviated Scale of Intelligence - Second Edition (WASI-II)  
Wechsler Fundamentals: Academic Skills (WFAS) - Selected Subtests  
Reading Comprehension and Numerical Operations

### DJJ HISTORY AND SUMMARY OF CURRENT OFFENSE

[REDACTED] was committed to UEC on 10/28/14 after being adjudicated delinquent for the offense of Contempt of Court for Violation of School Attendance Order. According to the Rule to Show Cause for this charge, [REDACTED] was ordered to attend school by Judge Guyton on 06/03/14 and violated that order by accumulating nine unlawful absences from school. [REDACTED] mother [REDACTED] reported that he was charged with his current offense "for not going to school." She commented further that [REDACTED] had more than eight unexcused absences from school and blamed his truancy, in part, on his "hanging out with older people."

[REDACTED] first became involved with the Department of Juvenile Justice in South Carolina on 10/06/10 when he was charged with Assault and Battery in the Third Degree and Disturbing Schools. He was diverted to arbitration for both charges and his court ordered obligation was successfully completed on 05/20/11. [REDACTED] was charged with Public Disorderly Conduct for the second time on 05/17/11 and he was sent to Pre-Trial Diversion. The charge was then prosecuted on 06/17/11, but dismissed exactly two months later. He was charged with Disturbing School and Threatening the Life, Person, or Family of a Public Official, Teacher, or Principal on 10/24/12. He was placed on house arrest for both charges on 10/24/12, but the threat charge was nolle prossed on 02/26/13. For the Disturbing Schools charge, [REDACTED] was ordered to cooperate with a community evaluation on 12/04/13, which was completed on 12/18/12 by Ibis Nunez, Ph.D. After the community evaluation, [REDACTED] was placed on probation and house arrest and was ordered to complete community service. [REDACTED] has since been charged with Probation Violation twice, dated 05/29/13 and 09/13/13. The first of these offenses was nolle prossed, but [REDACTED] was sent to complete a determinate sentence and alternative placement, dated 10/29/13, for his second Probation Violation charge. His placement was completed on 11/12/13 and his probation requirement ended on 04/24/14. [REDACTED] was charged with Truancy, dated 05/12/14, and a School Attendance Order was put in to place on 06/03/14. [REDACTED] violated that Order, which resulted in his current offense.

### Juvenile's Account of the Offense

Regarding his current charge, [REDACTED] reported that he was charged because he did "not go to school." He further commented, "I was hanging out with the wrong people. I stayed out all night then would come back in and go to sleep and not want to get up early." [REDACTED] acknowledged that he had eight unexcused absences from school. [REDACTED] expressed regret for not abiding by the School Attendance Order and for his current charge. He said, "I wish I would've went to school and went to sleep at the right time. I wish I would've never been hanging out with the people I was hanging with." He also reported that he is "ready to go back to school."

### FAMILY FUNCTIONING



Prior to his commitment to UEC, [REDACTED] resided with his biological mother, [REDACTED] (age thirty-one); his mother's boyfriend, [REDACTED] (age thirty-two); his maternal grandmother, [REDACTED] (age fifty-five); and his paternal grandfather, [REDACTED] (age fifty-five). According to both [REDACTED] maternal grandmother and paternal grandfather have been dating for several years, before [REDACTED] was born. [REDACTED] said she has lived with her mother in [REDACTED] South Carolina since 2012. [REDACTED] said she quit school in the ninth grade, but later earned her General Education Diploma (GED). She noted that she is currently unemployed. She said she and Mr. [REDACTED] have been together for two years. They have no children together, but he has two children, both of which reside with their mother. Mr. [REDACTED] is also currently unemployed.

Ms. [REDACTED] said she and [REDACTED] biological father, [REDACTED] (age thirty-five) were never married, but lived together for seventeen years. They have three children together including [REDACTED] his younger sister, [REDACTED] (age fourteen), and their younger brother, [REDACTED] (age nine). Neither Mr. [REDACTED] nor Ms. [REDACTED] have any additional children. According to both [REDACTED] and Ms. [REDACTED] siblings reside with their father, but stay with their mother every weekend. Ms. [REDACTED] acknowledged that both she and Mr. [REDACTED] went to prison in April 2010 and corresponded regularly while incarcerated. However, Mr. [REDACTED] was released from prison nine months prior to Ms. [REDACTED] and during that time, he "ended up finding another girl" and ended his relationship with Ms. [REDACTED]. She relayed that [REDACTED] was about twelve when his parents' relationship ended. According to Ms. [REDACTED] Mr. [REDACTED] is currently single and resides in Clover, South Carolina. She said he quit school in the eleventh grade to earn a GED. He has been employed by Jenkins Roofing for about six months. Ms. [REDACTED] described [REDACTED] relationship with his father as strained. She said, "I don't think it was too good. They argue a lot. He never wants to take the time to listen to [REDACTED]. He wants to fuss at him for everything." [REDACTED] stated, "My dad's hard on me because of school. Because I won't go to school, but we get along good."

While both of [REDACTED] parents were incarcerated, [REDACTED] went to live with his paternal great-grandmother, but failed to abide by the rules of her home and physically assaulted her. As such, he was sent to the Billy Hardy Boys Home in Florence until his father's release from prison in December 2011. Ms. [REDACTED] said once she was released nine months later, [REDACTED] moved in with her and has been back and forth between his parents' homes ever since, but most recently lived with her. Ms. [REDACTED] said she initially became involved in the legal system in 2007 when she was charged with Forgery and was given a thirty-day sentence and five years' probation, but violated her probation and was arrested again. She said she served two years and seven months in prison, beginning in April 2010. She noted that Mr. [REDACTED] was initially charged with Assault and Battery of a High and Aggravated Nature in 2007 and served nine months' jail time and was placed on probation. Ms. [REDACTED] said Mr. [REDACTED] also violated his probation as well and was arrested again; he served a two year sentence in prison. Ms. [REDACTED] denied any additional family history of legal involvement. Regarding family history of mental illness, Ms. [REDACTED] acknowledged that she was diagnosed with depression and anxiety when she was twelve years old and took Paxil, but no longer takes medication. She denied any family history of self-injurious behaviors, attempted suicide, or completed suicide. Concerning family history of substance use, Ms. [REDACTED] reported that [REDACTED] paternal grandmother is "drunk pretty much/just about every day." She said Mr. [REDACTED] also used to drink a lot when [REDACTED] was younger" and recalled a recent incident wherein Mr. [REDACTED] had been drinking and got mad that she did not answer her phone when he called so he "trashed her room." She denied any other family history, past or present, of substance use. Ms. [REDACTED] acknowledged that the family receives governmental food assistance and that the children receive Medicaid benefits. She reported that she and Mr. [REDACTED] are in good physical health.



When asked about her relationship with [REDACTED], Ms. [REDACTED] reported that they get along "great" and noted that [REDACTED] "tells [her] everything" and is always honest with her. [REDACTED] also indicated that he and his mother have a very good relationship. Ms. [REDACTED] described [REDACTED] relationship with Mr. [REDACTED] as "great." She said, "They have bonded really well. They do things that a father/son should do, stuff that [REDACTED] used to do with him before he went to prison." Regarding their relationship, [REDACTED] relayed, "We get along good too. I see him as a second dad." [REDACTED] and Ms. [REDACTED] both described [REDACTED] as having a good relationship overall with both of his siblings. [REDACTED] also acknowledged that he gets along well with his grandparents. At home, [REDACTED] is responsible for taking out the trash, cooking, and cleaning up behind himself, according to Ms. [REDACTED]. He added that he also has to wash dishes and vacuum. Ms. [REDACTED] noted that [REDACTED] is "pretty compliant" with completing his chores since getting older. She said his curfew is 10:00 p.m. on school nights and 12:00 a.m. on the weekend and admitted that he comes in "whenever he wants to," but not usually later than 1:00 a.m. She denied that he has ever tried to run away from home. Regarding [REDACTED] behavior at home, Ms. [REDACTED] said he argues with his girlfriend, [REDACTED] "all the time," which often leads to him getting an "attitude" towards his family members. She said that in the past, [REDACTED] has also destroyed property, but not recently, and commented further that he can "control himself more now." Ms. [REDACTED] relayed, however, that recently [REDACTED] threatened to "beat up [REDACTED] boyfriend" and threatened to have [REDACTED] beat her up after [REDACTED] stole money from [REDACTED]. Although he has made threats, Ms. [REDACTED] reported that [REDACTED] has never actually hit any of his family members. However, [REDACTED] admitted to hitting his great-grandmother twice while living with her during his previous community evaluation. Both [REDACTED] and Ms. [REDACTED] denied that [REDACTED] has ever shown aggression towards animals or destroyed property by fire. Ms. [REDACTED] stated she and her mother are primarily responsible for disciplining [REDACTED] when he misbehaves and noted that punishments include not being allowed to go anywhere, having his cellular phone taken away, and not allowing [REDACTED] to come over. [REDACTED] acknowledged that he is punished by having his television and games taken away and is not allowed to go anywhere or have anyone over. Ms. [REDACTED] said that when [REDACTED] is punished, it "makes him madder." When he does well, [REDACTED] is rewarded with clothes, other "little stuff," and is allowed to spend time with [REDACTED].

When asked if there have been any significant family events that may have caused [REDACTED] to be distressed, feel upset, or act out, Ms. [REDACTED] noted that she believes he was greatly affected by his parents' incarceration and having to live in a home for boys during part of that time because he was not able to get along with his great-grandmother. Also, she noted that [REDACTED] cousin and uncle were killed in car accident in 2005 and relayed that [REDACTED] was close to both of them. Also, in 2006, she and Mr. [REDACTED] were at a party with some friends and were "shot at." Their good family friend, whom [REDACTED] referred to as "Uncle [REDACTED]" died and Mr. [REDACTED] was shot in the wrist. [REDACTED] identified his commitment to UEC and the court process as the only recent stressors in his life. Ms. [REDACTED] said for fun, she and [REDACTED] like to go hiking, fishing, and shopping, and "play around all the time." She commented that [REDACTED] greatest strengths are trying to "keep everyone happy" and getting "along with everybody." She noted she would like for him to work the most on controlling his anger because he "still has outbursts" and would like for him to learn that "he doesn't need to talk to a girl like that, even if she does it to him" referencing the way he talks when arguing with his girlfriend.

## ADOLESCENT FUNCTIONING

### Relevant History



Ms. [REDACTED] denied experiencing any problems during her pregnancy or at the time of delivery with [REDACTED]. She also denied there being unusual or stressful events that occurred during her pregnancy and delivery with him. She admitted to smoking about one pack of cigarettes each week during half of her pregnancy. Ms. [REDACTED] said she was able to carry [REDACTED] to full-term and recalled that he was able to reach all of his developmental milestones in a timely manner with no problems or delays. However, she acknowledged that [REDACTED] suddenly started wetting the bed when he was four years old, even though he was toilet trained. She noted that he stopped this after he started kindergarten. She denied that [REDACTED] has ever had any major illnesses or required hospitalization for physical ailments. She stated that prior to his commitment, [REDACTED] was in good health, and was not taking any medication on a regular basis.

Ms. [REDACTED] and [REDACTED] both reported that [REDACTED] began counseling services at Catawba Mental Health Center (CMHC) after his cousin and uncle were killed in a car accident. Ms. [REDACTED] said [REDACTED] was about eight years old when services were initiated, but [REDACTED] thought he first went to counseling in middle school. Ms. [REDACTED] noted that [REDACTED] has participated in anger management counseling off and on since that time. She said while she was in prison, [REDACTED] was diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD) by a psychiatrist at CMHC and took medication for those symptoms for about two years. [REDACTED] also acknowledged being diagnosed with ADHD and taking medication for it, but stopped after he "didn't need it anymore." He could not recall which medication he took. According to Ms. [REDACTED], [REDACTED] has never been diagnosed with any other mental illness. However, she acknowledged that he has been tried on numerous medications, including Prozac, which had negative side effects, since he was about ten years old. She could not remember what other medications he was prescribed or what the medication was supposed to treat. Ms. [REDACTED] expressed an interest in [REDACTED] being involved in counseling again and told the evaluator that she already has an appointment set up for him at CMHC. According to information provided by the Department of Mental Health (DMH), [REDACTED] has had six episodes of care at Catawba Mental Health Center, which are outlined below:

- 10/25/06 to 06/17/08 - [REDACTED] was diagnosed with Anxiety Disorder, Not Otherwise Specified and Depressive Disorder, Not Otherwise Specified
- 04/10/09 to 06/23/09 - [REDACTED] was diagnosed again with Anxiety Disorder, Not Otherwise Specified and Depressive Disorder, Not Otherwise Specified
- 03/19/10 to 11/04/10 - [REDACTED] was diagnosed with Adjustment Disorder with Mixed Disturbance of Emotions and Conduct
- 06/21/11 to 07/01/11 - [REDACTED] was diagnosed with Disruptive Behavior Disorder, Not Otherwise Specified
- 11/05/12 to 10/30/13 - [REDACTED] was diagnosed with Oppositional Defiant Disorder; Attention-Deficit/Hyperactivity Disorder, Not Otherwise Specified; and Dyssomnia, Not Otherwise Specified
- 03/19/14 to 06/11/14 - [REDACTED] was diagnosed with Oppositional Defiant Disorder; Attention-Deficit/Hyperactivity Disorder, Not Otherwise Specified; and Cannabis Abuse

According to that information, [REDACTED] was prescribed Tenex 1 mg on 12/28/12 and it was discontinued on 01/22/14. He was prescribed Neurontin 100 mg on 05/21/13 and it was discontinued on 10/02/13. No additional information regarding medication history was provided. Because there have been multiple brief treatment periods with CMHC, it does not appear that [REDACTED] nor his family are truly fully invested in treatment services. Additionally, a letter dated 10/09/13 written by [REDACTED] therapist noted that the family did not keep family therapy appointments and attempts to reach the parents to reschedule were unsuccessful. While [REDACTED] reported his willingness and desire to start therapy again, he has been given multiple opportunities



to benefit from such services in the past, but he has neglected to follow through with treatment recommendations.

[REDACTED] and Ms. [REDACTED] reported that [REDACTED] lived with his paternal grandmother, [REDACTED] while Ms. [REDACTED] and Mr. [REDACTED] were incarcerated. Because [REDACTED] behavior was so disruptive while living with Ms. [REDACTED] was sent to Billy Hardy Boys' Home for several months until his father was released from prison and regained custody. [REDACTED] and Ms. [REDACTED] also acknowledged that [REDACTED] was placed at AMKids White Pines by DJJ for violating his probation when he was thirteen years old. According to the discharge summary from White Pines, [REDACTED] entered placement on 11/12/13 and was "favorably terminated" on 02/10/14. It was noted that [REDACTED] was a good student, overall, and made many achievements with few infractions for behavior.

Regarding abuse history, Ms. [REDACTED] reported that a twenty-one year old male, [REDACTED] sexually abused [REDACTED] when he was thirteen years old. She said [REDACTED] is currently serving a twelve-year sentence for his offense of [REDACTED] and had to register as a sex offender, to her knowledge. She said [REDACTED] was at a friend's house when Mr. [REDACTED] "kept trying to pull [REDACTED] pants down to perform oral sex," but she denied any other knowledge about the event. [REDACTED] initially denied ever being sexually abused, but later in the interview acknowledged that Mr. [REDACTED] had indeed touched him. [REDACTED] relayed that he was staying at his friend's house when he "felt somebody touching on [him] and woke up." [REDACTED] said that he identified the perpetrator as his friend's mother's boyfriend, [REDACTED], and told Mr. [REDACTED] that he is "not gay" and hit Mr. [REDACTED] in the head. [REDACTED] recalled that his father found out about what happened after he saw text messages in [REDACTED] phone from Mr. [REDACTED]. [REDACTED] indicated that his father contacted law enforcement and there was an investigation that eventually led to Mr. [REDACTED] arrest, conviction, and incarceration. When asked specifically what Mr. [REDACTED] did to him, [REDACTED] reported that he touched him "on the outside of [his] clothes one time." [REDACTED] and Ms. [REDACTED] denied that [REDACTED] has ever been physically abused. However, both acknowledged that the Department of Social Services (DSS) has been involved with the family previously. Ms. [REDACTED] reported that DSS became involved once in 2009 after [REDACTED] went to school with a black eye because the "school thought Mr. [REDACTED] had beat them." What really happened, according to Ms. [REDACTED], is that [REDACTED] and his sister got into an argument after [REDACTED] "threw a fork at [REDACTED] and blacked his eye." She further reported that Brian "chased" his sister and their father acted to separate them. She acknowledged that both she and Mr. [REDACTED] had to complete parenting classes, which they did while incarcerated, and that Mr. [REDACTED] also had to complete "anger classes." [REDACTED] recalled that DSS was involved when he was "real young," but could not recall why. He acknowledged that he and his siblings were removed from his parents' house and placed with a family friend for no longer than "a couple months." Both [REDACTED] and Ms. [REDACTED] denied that [REDACTED] has ever been physically abused and he denied ever witnessing any domestic violence. Ms. [REDACTED] however, acknowledged that while she and Mr. [REDACTED] lived in the same home, they would argue frequently and noted that [REDACTED] witnessed his father "jump[ing] on" her father, giving him a black eye. She commented further that Mr. [REDACTED] has an "anger problem" and often started fights with random people, which [REDACTED] witnessed.

According to the information provided by Patricia Cook, Intake Specialist for the York County DSS Office, there were three indicated cases against Ms. [REDACTED] and Mr. [REDACTED]. The first report was made on 08/10/06 and alleged that the children had missed school and that Ms. [REDACTED] was using crack/cocaine. The reporter stated that two months prior "a bottle was found with crystals and ashes and aluminum foil wrapped around the top of the bottle." The reporter also alleged that [REDACTED] younger brother's diaper was not being changed regularly and that none of the



children took regular baths. The reporter also alleged that clothes were given to the family for the children, but Ms. [REDACTED] "took them back and got the money, disappeared for a couple hours and came [back] high and not acting normal." The treatment case was opened from 09/20/06 until 06/03/08 and the children were placed in foster care for one night on 10/30/06. Another report was made on 01/27/10 alleging that [REDACTED] had a red contusion under his eye and had broken blood vessels, and his eye socket was damaged. The reporter also alleged that [REDACTED] had a bruise on his knee. The DSS assessment was from 01/27/10 until 03/26/10. The case was indicated and it was noted that [REDACTED] had a "big bruise circle shape around his eye that appeared to be for [sic] belt buckle." Another report was made on 03/31/10 alleging that [REDACTED] sister had been sexually abused and told her parents, but neither reported the incident to law enforcement. The investigation lasted from 03/31/10 to 05/26/10 and the case was indicated. The treatment case was open from 05/26/10 to 07/07/11 and the children were placed in foster care from 06/22/11 to 02/23/12. At some point during the investigation, both Ms. [REDACTED] and Mr. [REDACTED] were incarcerated for unrelated offenses. Based on the information provided by [REDACTED], Ms. [REDACTED] and DSS, [REDACTED] currently meets criteria for a diagnosis of Child Physical Abuse, Confirmed; Child Neglect, Confirmed; and Child Sexual Abuse, Confirmed.

### Behavioral Observations

[REDACTED] was oriented to person, place, time, and situation. He presented as well groomed and appeared to be his stated age of fifteen. He was cooperative in completing the clinical interview and psychological testing sessions. It should be noted that while [REDACTED] was polite during the interview, there were times when he was guarded in the information he was willing to share or provided information that conflicted with file information or his mother's report. There were also times when he minimized his behaviors or that of his family members. [REDACTED] maintained reasonable eye contact throughout the clinical interview. Rapport was easily established. His fine-motor and gross-motor abilities appeared to be intact with no evidence of psychomotor retardation or psychomotor agitation. That is to say that he displayed no evidence of any gait abnormalities, tremors, or tics. [REDACTED] took responsibility for his actions, regarding his current charge.

With regard to mood, [REDACTED] presented as happy overall, but slightly anxious and his affect was congruent with his mood. His speech was normal in rate, volume, and pitch. His thoughts were generally logical and organized. His immediate and long term memory appeared to be intact. He demonstrated persistence when completing difficult tasks. He appeared to put forth an adequate degree of effort on the majority of the psychological assessments. As such, the results of the psychological evaluation should provide a reliable estimate of his current intellectual and psychological functioning.

### Current Symptomatology

[REDACTED] denied current symptoms of psychosis, including delusional thoughts and hallucinations. When asked how he feels most of the time at home, [REDACTED] replied, "happy" and when asked how he feels most of the time at UEC, he said, "bored." [REDACTED] denied experiencing any depressive symptoms, including having a depressed mood most days, having sleep disturbances, feeling restless, feeling hopeless, and anhedonia. He endorsed no symptoms of mania, either. [REDACTED] denied ever making any suicidal gestures or thinking about suicide. However, according to his previous community evaluation, it was noted that [REDACTED] psycho-educational report from 2009 indicated that he had made statements about "hating" himself and "wishing [he] was dead." [REDACTED] responses on the RADS-2, a measure designed to assess symptomatology associated



with depression in children and adolescents, indicated that he is not currently experiencing clinically significant levels of depression related to dysphoric mood, anhedonia, negative self-evaluation, somatic complaints, or overall depression.

Although [REDACTED] endorsed feeling somewhat anxious about being at UEC and the court process, he denied any unusual fears, compulsions, or obsessive thoughts. He also denied experiencing symptoms of anxiety, including excessive distress when experiencing separation from home, excessive worry about losing important people in his life, repeated nightmares about separation, a marked fear about social situations, a fear that he will act in a way that will result in his being negatively evaluated, and avoidance of certain situations. [REDACTED] also denied all symptoms associated with panic attacks. [REDACTED] responses on the MASC-2, a measure designed to assess symptomatology associated with anxiety in children and adolescents, indicated that he is not currently experiencing clinically significant levels of anxiety.

[REDACTED] was administered the Adverse Childhood Experiences (ACE), which is a measure of potentially traumatic events an individual has experienced in his life. [REDACTED] indicated experiencing two such events, which were having parents who are separated and having a household member go to prison. He did not report any physical or sexual abuse on this scale, even though he later admitted to being touched inappropriately by an adult male. Also, information provided by DSS indicated that [REDACTED] had been physically abused and neglected by his parents, but he also did not report this on the ACE and denied such during the clinical interview. [REDACTED] denied experiencing any symptoms of Posttraumatic Stress Disorder (PTSD) related to any of these events; therefore, there is no current indication of PTSD.

With regard to those behaviors seen as disruptive, [REDACTED] endorsed two symptoms of ADHD, which were fidgeting with his hands and/or feet and feeling "on the go." [REDACTED] said he has "always" experienced these symptoms and only experiences these symptoms in the home setting. Ms. [REDACTED] agreed that [REDACTED] "always has to be doing something" and stated she believes he is also easily distracted. No ADHD symptoms were observed by the current evaluator besides fidgeting with his hands. According to the information provided by DMH, [REDACTED] was diagnosed with ADHD, Not Otherwise Specified by a clinician at CMHC as recent as 06/11/14 when he was discharged from services. However, there is not enough information available to give him a current diagnosis of ADHD; therefore, a diagnosis of Unspecified Attention-Deficit/Hyperactivity Disorder should be ruled-out. Regarding other behaviors seen as disruptive, [REDACTED] denied every symptom associated with both Oppositional Defiant Disorder and Conduct Disorder. However, according to file information and information provided by Ms. [REDACTED], there is evidence to suggest that [REDACTED] often loses his temper, often argues with adults, is disobedient, blames others for his mistakes, and stays out all night without permission. Additionally, [REDACTED] denied feeling angry, but he has shown a pattern of physical and verbal aggression and threatening behaviors in the home, community and school settings. Given these symptoms, [REDACTED] currently meets criteria to warrant a diagnosis of Oppositional Defiant Disorder. A diagnosis of Conduct Disorder should be ruled-out as well. [REDACTED] reported that he has been involved in about five physical altercations, but denied starting any of them. He indicated that he only ever fights as a means of defending himself and noted that the last fight he was involved in was in middle school. However, Ms. [REDACTED] reported that [REDACTED] has been involved in "at least ten" physical altercations and reported that they have occurred at home, at school, and in the community. Both [REDACTED] and Ms. [REDACTED] denied that [REDACTED] has ever seriously injured anyone while fighting. It should be noted that during the previous community evaluation, [REDACTED] admitted to hitting his great-grandmother twice "after she grounded him" while he was living with her. It is important to note that his mother also reported [REDACTED] is verbally aggressive with his girlfriend. [REDACTED] stated that his plan to stay out



of trouble once he is discharged from UEC is to "not mess with the people I was messing with, not be around the people that use drugs and drink alcohol, go to school." He said that he deals with difficult situations mostly by going for a walk around the neighborhood and noted that he finds this helpful.

Regarding his substance use, [REDACTED] admitted experimenting with tobacco, alcohol, marijuana, and Hydrocodone. He said he first began smoking cigarettes when he was eleven years old and noted that he smokes "a couple times a week" and only when feeling "stressed." He said that the last time he smoked cigarettes was right before court. Ms. [REDACTED] acknowledged that [REDACTED] smokes cigarettes and reported that he smokes one pack every two to three days. [REDACTED] endorsed two symptoms associated with a Tobacco-Related Disorder, which included having a persistent desire to quit smoking and giving up recreational activities (baseball) in order to smoke. Given these symptoms, [REDACTED] currently meets criteria to warrant Tobacco Use Disorder diagnosis. [REDACTED] reported that he first began using alcohol when he was fourteen years old. He said he only drank alcohol "a couple times" total and relayed that the last time he used it was about one month before court for his current offense. Ms. [REDACTED] indicated that [REDACTED] does not really like alcohol and has never used it on a regular basis, to her knowledge. [REDACTED] denied all symptoms associated with an Alcohol-Related Disorder. [REDACTED] admitted using marijuana beginning when he was ten years old. He said he "never" smoked on a regular basis and just did so when at a friend's house. When asked when the last time he smoked marijuana was, [REDACTED] reported "a while" ago and estimated that he was thirteen or fourteen when he last used it. He also denied all symptoms associated with a Cannabis-Related Disorder. According to his previous community evaluation, [REDACTED] reported that he smoked "almost every day" beginning when he was ten years old until he turned twelve and tried "fake weed." Per that evaluation, [REDACTED] had a "bad reaction" to the synthetic marijuana wherein he "hallucinated, vomited, and became really sick." Additionally, according to the information provided by DMH, as of 06/11/14, [REDACTED] had a diagnosis of Cannabis Abuse. Therefore, he may not be fully admitting to how frequently he uses marijuana to the current evaluator and as such, a diagnosis of Unspecified Cannabis-Related Disorder should be ruled-out. Contrary to his previous report, [REDACTED] denied ever using synthetic marijuana or K2 during his current evaluation. He also denied ever selling drugs; however, per the previous community evaluation, [REDACTED] admitted to selling marijuana five times until he and a friend were caught and his friend was charged.

During the current evaluation, [REDACTED] admitted to using one Hydrocodone pill one time and denied any other misuse or prescription medication. He denied using all other substances; however, according to Ms. [REDACTED], [REDACTED] admitted to her that he "tried" methamphetamine one time, on 10/25/14. Ms. [REDACTED] said [REDACTED] was "handing out with his friends' older brothers" who were caught and charged with Manufacturing and Possessing Methamphetamine with Intent to Distribute. She said these ten friends are currently "out on bond" and are "waiting to go to court" for this offense. Additionally, per [REDACTED] York County DJJ Community Specialist, Ms. [REDACTED] reported that [REDACTED] "was on crystal meth" and "bragging about it" prior to his commitment to UEC. [REDACTED] acknowledged that he completed substance abuse treatment previously at Keystone, which was verified to be true according to a certificate from Keystone that was included in his file information. According to that certificate, [REDACTED] completed The One Step Program on 08/30/13. [REDACTED] scores on the SASSI-A2, a screening measure for substance and alcohol abuse, indicated that there is a low probability of him having a Substance Abuse Disorder. However, [REDACTED] responses on the SASSI-A2 were defensive in nature and may not have produced valid results; therefore, the results should be interpreted with caution.



### Personality Functioning

On the MACI, a self-report inventory designed specifically for assessing adolescent personality characteristics and clinical syndromes, [REDACTED] responded to items in a manner that produced valid results and did not indicate an attempt to under- or over-report symptoms. [REDACTED] personality profile revealed significant results, indicating that [REDACTED] responded similarly to adolescents who tend to be soft-hearted, sentimental, and kindly in relationships with others, and who are extremely reluctant to assert themselves and avoid taking leadership roles. Results also indicated that Brian responded similarly to adolescents who are very serious-minded, efficient, respectful, and rule-conscious, and who tend to keep their emotions under check. These results are not consistent with his presentation in the clinical interview.

[REDACTED] completed the RJSB in order to evaluate his ability to put ideas into writing, as well as obtain a semi-projective measure of his personality functioning. He mostly wrote in complete sentences, but exhibited some spelling and grammatical mistakes. Most of [REDACTED] sentences were about home, his family and missing his family members, as indicated when he wrote, "The happiest time was when I was at home and not in jail," "I want to know when I can go home," "The best time was when I was with my mom," "I feel sad that I can't be with my family," "I can't stand being away from my family," "My nerves is mest [sic] up right now because i [sic] can't see my mom," and "What pains me is i [sic] miss my mom and dad." [REDACTED] also expressed regret for his actions, which led to his commitment at UEC by writing, "I regret coming to jail and not going to school" and "The only trouble I got in to is [sic] not going to school." He also expressed some anxiety about the court process by writing, "My greatest worry is me not going home when I go to court." [REDACTED] responses indicated some current distress with regard to being away from family members and about the court process; however, in the clinical interview, he denied experiencing significant levels of anxiety, including separation anxiety symptoms.

### Cognitive Functioning and Academic Achievement

During the current evaluation, [REDACTED] was administered the Wechsler Abbreviated Scale of Intelligence-Second Edition (WASI-II) in order to assess his global intellectual abilities. Results of this instrument indicate a statistically significant discrepancy between [REDACTED] performances on the Verbal Comprehension subtests (measures of verbal/abstract reasoning skills) and the Perceptual Reasoning subtests (measures of visual/perceptual abilities). As such, his Full-4 IQ score is likely not the best representation of his overall intellectual functioning. Additionally, his visual/perceptual reasoning abilities appear to be better developed in comparison to his verbal/abstract abilities. Brian obtained the following WASI-II scores:

Verbal	T Score (AVG=50+/-10)	Performance	T Score (AVG=50+/-10)
Vocabulary	30	Block Design	43
Similarities	37	Matrix Reasoning	45
Scales	Scores	Range of Ability	Percentile Rank
Verbal	73	Borderline	4
Performance	90	Average	25
Full Scale-4	79	Borderline	8



██████████ academic achievement in reading, as measured by the WFAS, is in the Emerging range for his age (Reading Standard Score = 88). His achievement in math is in the Below Expectations range for his age (Math Standard Score = 75).

██████████ was administered the VMI to assess his visual motor integration skills. He received a standard score of 85, which placed him in the Below Average range and in the 16<sup>th</sup> percentile.

### SCHOOL/JOB FUNCTIONING

██████████ was enrolled as a ninth grader in the "hybrid" program between ██████████ High School and ██████████ Academy prior to his commitment to UEC. ██████████ explained that he had two classes at ██████████ High School then went to the alternative school for two additional classes. ██████████ noted that he has been involved in the alternative school program at ██████████ since he was in the fourth grade. He commented further that it was his choice to go to ██████████ High School, but began getting in trouble there so he was sent back to ██████████ for half of the school day. ██████████ admitted to having a lot of behavior problems in school in elementary school, which is why he began attending ██████████ in the first place. ██████████ and Ms. ██████████ acknowledged that ██████████ has an Individualized Education Program (IEP). Ms. ██████████ said ██████████ has had an IEP because of his "anger issues," not because he has a learning disability, and is classified as a student with an "emotional disability." According to his most recent IEP, dated 03/16/12, ██████████ is indeed classified as a student with an Emotional Disability and spends 0% to 39% of the school day in a regular education environment. Regarding ██████████ recent behavior at school, Ms. ██████████ reported that he has had "a few outbursts" wherein he will "act out" if he gets in trouble in front of other students. She initially noted, however, that generally speaking, ██████████ behavior at school has been good. She then noted that he was "kicked out" of ██████████ High School prior to his commitment to UEC for using profanity there and would have to attend the alternative school setting full-time upon his return to the community. Ms. ██████████ acknowledged ██████████ truancy issues and blamed this on his spending too much time with the wrong crowd.

██████████ admitted that in school this year, he was "stressed in class and refused to do work" because he was "thinking about court." He admitted to using profanity towards a teacher as well and to refusing to give up his cellular phone when asked to. ██████████ relayed that he is "bored" in class because there is "not enough to do to keep [him] busy." When asked how often he skipped school or class, he initially said, "Most of the time," but then changed his answer to "one or two days a week." According to his most recent behavior report from ██████████ High School, ██████████ had repeated trouble being ready on time to go to the alternative school, was found with a pack of cigarettes and a lighter, and had seven unexcused absences as of 10/01/14. However, it was noted that overall, ██████████ behavior had improved dramatically. Then on 10/20/14, ██████████ had an episode of disrespect towards staff, and used profanity towards teachers and refused to comply with giving up his cellular phone, which resulted in a two-day out-of-school suspension. ██████████ reported that he was passing all of his classes and Ms. ██████████ relayed that his "lowest grade is a C;" however, according to the most recent grade report available, ██████████ grades were as follows, prior to his commitment: Advanced Reading-28, Transition Math-22, Learning Strategies-41, and World Geography-0. Both Ms. ██████████ and ██████████ acknowledged that he was held back in the first grade because he was not on grade level. When asked what he thinks about school, ██████████ replied, "It's important. I want to go to college. I want to get my high school diploma." He further reported that he would like to attend the University of South Carolina and either work as a welder or professional athlete, or have a "mechanical" job.

### PEER RELATIONSHIPS



[REDACTED] and Ms. [REDACTED] both acknowledged that [REDACTED] has "a lot" of friends. They both reported that [REDACTED] spends his time with males and females alike, and noted his friends are all about his same age. Ms. [REDACTED] denied that [REDACTED] has one certain person he spends most of his time with, but [REDACTED] indicated that his best friend is [REDACTED] whom he has known since elementary school. Ms. [REDACTED] said she knows "a few" of [REDACTED] friends' parents because she went to school with them. She said [REDACTED] and his friends like to go fishing, swimming, skateboarding, and hiking while [REDACTED] said he and his friends like to play basketball and video games. Both [REDACTED] and Ms. [REDACTED] acknowledged that at least one of [REDACTED] friends has had issues with truancy and he said [REDACTED] has violated the town curfew before and got in trouble. When asked about gang involvement, Ms. [REDACTED] reported that to her knowledge [REDACTED] is not involved in a gang, but acknowledged hearing "rumors" about him being gang involved. She admitted that law enforcement officers believe [REDACTED] to be a gang member because [REDACTED] made a comment once about getting his gang to "come blow the school up." Ms. [REDACTED] reported that she "used" to believe [REDACTED] was a member of the Folk Nation gang, but no longer suspects this; she did not give a reason as to why she no longer suspects him to be gang involved. [REDACTED] denied ever being a member of a gang, past or present. He acknowledged that he has the word [REDACTED] tattooed on the inside of his lower lip and when asked what [REDACTED] means, he said, "[REDACTED]." He admitted that "[REDACTED]" is affiliated with a gang, but denied getting that tattoo because of a gang association. He relayed that he "just likes the saying because life is a struggle." He denied that all of his other tattoos are gang related as well, including the tear drop below is left eye, the six-pointed star on his chest, and the skull with a sideways crown on his right arm. [REDACTED] denied ever associating with known gang members; however, according to his previous community evaluation, [REDACTED] told school officials that he was a member of a gang" then it appears he denied ever being initiated in to a gang. However at that time, he did admit to "hanging out with gang members since age 10 [sic]."

Regarding romantic relationships, M. [REDACTED] and [REDACTED] reported that [REDACTED] has a current girlfriend, [REDACTED] (age seventeen or eighteen). They both acknowledged that [REDACTED] is sexually active. He said he began having sex at age twelve and has had five partners. He said he used protection with all of his partners with the exception of his current girlfriend. [REDACTED] reported that he has never taken sex education classes, but Ms. [REDACTED] said [REDACTED] knows about safe sex practices nonetheless. [REDACTED] said he and [REDACTED] have been together for four years and acknowledged that he had "a lot" of previous girlfriends, none of which were serious until he started dating [REDACTED]. He relayed that he and [REDACTED] get along well and seldom argue; however, Ms. [REDACTED] reported that [REDACTED] and [REDACTED] frequently argue and that their arguing is the cause of his negative attitude with his family members at times. Regarding his parents' advice about sex, [REDACTED] said both his mother and father tell him to "Use protection." Ms. [REDACTED] denied that [REDACTED] has ever fathered a child or been treated for any type of sexually transmitted infection.

### COMMUNITY FUNCTIONING

Ms. [REDACTED] stated the family resides in a two bedroom, two-bathroom mobile home. She said that her mother owns the home and that her family has lived there with her since 2012. She relayed that the home is located in a neighborhood in the country and noted that most of the neighbors are older. She described the surrounding area quiet and safe and said stores and businesses are located about five minutes away from the home, while the downtown area is about a fifteen-minute drive. Ms. [REDACTED] denied that she has ever received any complaints about [REDACTED] behavior in the community. She acknowledged that she does not have her license, but said she has reliable transportation nonetheless because her boyfriend drives.



### ADJUSTMENT TO THE EVALUATION CENTER PLACEMENT

██████████ adjustment to the rules, structure and supervision provided to him during his commitment to UEC was considered commendable. ██████████ was able to maintain respect and courtesy towards all staff and other juveniles during his commitment, and as such, was able to take part in privileged activities. ██████████ was listed on one DJJ Event Report as being the "victim" of another juvenile's assault; however, ██████████ did not retaliate and allowed the officers to intervene.

In the classroom setting, teachers reported that ██████████ was frequently able to follow directions, respect authority and the rights of others, adapt well to the classroom setting, and demonstrate self-control and age appropriate social skills, but was only sometimes able to demonstrate responsibility. One teacher noted that ██████████ was reluctant to try new things and did not try to do his best. However, the teacher further noted that ██████████ has the potential to be an excellent student and behaved appropriately with minimal supervision.

### SUMMARY

██████████ was committed to UEC on 10/28/14 after being adjudicated delinquent for the offense of Contempt of Court for Violation of School Attendance Order. ██████████ first became involved with the Department of Juvenile Justice in South Carolina on 10/06/10 when he was charged with Assault and Battery in the Third Degree and Disturbing Schools. He was diverted to arbitration for both charges and his court ordered obligation was successfully completed on 05/20/11. Additional charges include, Public Disorderly Conduct; Disturbing Schools; Threatening the Life, Person, or Family of a Public Official, Teacher, or Principal; Truancy; and two charges of Probation Violation. For the second Disturbing Schools charge, he was ordered to cooperate with a community evaluation on 12/04/13, which was completed on 12/18/12 by Ibis Nunez, Ph.D. After the community evaluation, ██████████ was placed on probation and house arrest and was ordered to complete community service. For the second Probation Violation charge, ██████████ was ordered to complete a determinate sentence and alternative placement. All of his other charges were either dismissed or nolle prossed, with the exception of his Truancy charge, which resulted in a School Attendance Order being put in place. ██████████ violated that Order, which resulted in his current offense.

Prior to his commitment to UEC, ██████████ resided with his biological mother, ██████████, and her boyfriend, ██████████ in Ms. ██████████ mother's home, which she shares with her boyfriend, who is also ██████████ paternal grandfather. The family resides in a two-bedroom, two-bathroom mobile home located in ██████████ South Carolina, which is located in York County. Ms. ██████████ and ██████████ reported that ██████████ has a good relationship with his mother, Mr. ██████████ and his siblings. Ms. ██████████ noted that ██████████ relationship with his father, ██████████, as strained and ██████████ acknowledged that his father is hard on him because of his refusal to go to school, but reported having a good relationship with him nonetheless. ██████████ reported that he also has a good relationship with his grandparents with whom he lives. According to Ms. ██████████ ██████████ is generally compliant in completing his chores at homes, but frequently breaks his curfew. Prior to his commitment to UEC, Brian was enrolled in the ninth grade at ██████████ High School for one-half of the day and attending ██████████, an alternative school, for the second half of the day. According to school records, ██████████ was failing all of his classes and has had a few negative behaviors since the beginning of the school year. ██████████ is classified as a student with an Emotional Disability and attends a regular education classroom 0 % to 39% of the school day.



Based on the evaluation findings, [REDACTED]'s intellectual functioning was within the Borderline range for verbal reasoning skills and in the Average range for nonverbal reasoning abilities, and his overall score fell within the Borderline range. However, results of this instrument indicate a statistically significant discrepancy between [REDACTED] performances on the subtests, and as such, his Full-4 IQ score is likely not the best representation of his overall intellectual functioning. [REDACTED] academic achievement in reading is in the Emerging range for his age and his academic achievement in math is in the Below Expectations range for his age.

Both Ms. [REDACTED] and [REDACTED] reported that [REDACTED] was diagnosed with Attention-Deficit/Hyperactivity Disorder in the past and took medication. Ms. [REDACTED] noted that [REDACTED] has taken other medications, but could not recall them all or what they were supposed to treat. According to the information provided by the Department of Mental Health, [REDACTED] has had six episodes of care at Catawba Mental Health Center, beginning on 10/25/06 and most recently ending on 06/11/14. His previous diagnoses include Anxiety Disorder, Not Otherwise Specified; Depressive Disorder, Not Otherwise Specified; Adjustment Disorder with Mixed Disturbance of Emotions and Conduct; Disruptive Behavior Disorder, Not Otherwise Specified; Oppositional Defiant Disorder; Attention-Deficit/Hyperactivity Disorder, Not Otherwise Specified; Dyssomnia, Not Otherwise Specified; and Cannabis Abuse.

[REDACTED] denied experiencing any depressive and anxiety symptoms, and endorsed no symptoms of panic. [REDACTED] indicated that he has experienced two potentially traumatic events, which include having parents who are separated and having a household member go to prison. However, he also reported that his cousin and uncle died in a car accident several years ago as well. [REDACTED] and his mother denied that [REDACTED] was ever physically abused or neglected, but information from the Department of Social Services contradicts this as there were two founded cases of abuse and neglect. [REDACTED] initially denied being sexually abused, but later admitted to being touched inappropriately by an adult male who is currently serving a twelve year sentence for his offense on [REDACTED]. [REDACTED] denied all symptoms associated with Posttraumatic Stress Disorder.

Despite endorsing two symptoms of ADHD, not enough criteria are met to warrant a current diagnosis of ADHD at this time; however, given his past diagnosis of ADHD, it should be ruled-out. [REDACTED] denied all symptoms associated with both Oppositional Defiant Disorder and Conduct Disorder. However, according to file information and information provided by Ms. [REDACTED], there is evidence to suggest that [REDACTED] often loses his temper, often argues with adults, is disobedient, blames others for his mistakes, and stays out all night without permission. Additionally, [REDACTED] denied feeling angry, but he has shown a pattern of physical and verbal aggression and threatening behaviors in the home, community and school settings.

[REDACTED] admitted to experimenting with tobacco, alcohol, marijuana, and Hydrocodone. He denied all symptoms associated with an Alcohol-Related Disorder and a Cannabis-Related Disorder. However, evidence suggests that either he was not being truthful in answering questions about how his cannabis abuse affects him, or he has poor insight. [REDACTED] denied ever selling drugs, but admitted to selling marijuana five times during his previous community evaluation. Also, he denied ever using any other substances during the current evaluation, but file information and information from Ms. [REDACTED] suggest that [REDACTED] has used synthetic marijuana at age twelve and used methamphetamine as recent as 10/25/14.

Regarding his current charges, [REDACTED] expressed ways in which he could have acted differently. Based on his current evaluation findings, a 90-day determinate sentence with release to placement is recommended for [REDACTED]. [REDACTED] has a history of verbal and physical aggression in



various settings and has a history of accruing new charges, even while being under a court Order, and after serving one determinate sentence and being sent an alternative placement previously. As such, ██████████ is in need of a higher level of care that can provide him access to treatment needs. Upon return to the community, ██████████ should serve a probationary period. ██████████ should participate in individual counseling that can help him improve his decision-making, conflict-resolution, coping, and anger management skills, in addition to addressing his ADHD symptoms. These services can also provide him an outlet to process any past experiences that may be influencing current behaviors. There are also concerns about Ms. ██████████ ability to monitor him as he needs to be and to see to it that he receives the counseling he requires; therefore, it is recommended that she be made a party to the court order and report any and all probation violations to the York County DJJ Office. Ms. ██████████ should also actively participate in any recommendations made by DJJ and/or his mental health therapist. Family-based services are recommended to enhance Ms. ██████████ disciplinary skills and to aid in fostering more structure and supervision in the home environment. Also, family services can assist Ms. ██████████ in learning more effective ways to respond to ██████████ should his behaviors start to escalate. Successful completion of a substance abuse treatment/education program is recommended for ██████████ given his recent use of methamphetamine. He should also submit to random drug screens to ensure he is not continuing to use illicit substances. There is some evidence to suggest that ██████████ is a gang member or associates with such, although he denied this. Therefore, it is recommended that he participate in a gang diversion program, if available and deemed appropriate.

#### STRENGTHS

1. Able to be polite and cooperative in a one-on-one setting
2. Reported academic and career goals

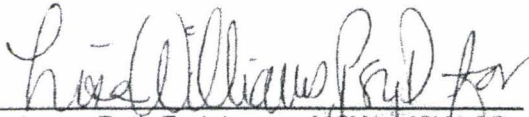
#### DSM-5 DIAGNOSTIC IMPRESSIONS

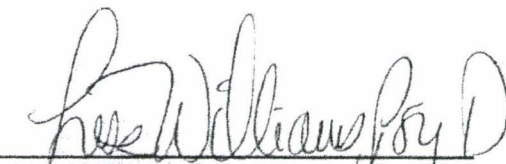
313.81 Oppositional Defiant Disorder, Severe  
V995.53 Child Sexual Abuse, Confirmed  
V995.54 Child Physical Abuse, Confirmed  
V995.52 Child Neglect, Confirmed  
305.1 Mild Tobacco Use Disorder  
392.9 Unspecified Cannabis-Related Disorder  
Rule-out: 312.82 Conduct Disorder  
Rule-out: 314.01 Unspecified Attention-Deficit/Hyperactivity Disorder

#### NEEDS AND RECOMMENDATIONS

1. A 90-day determinate sentence with release to placement is recommended for ██████████ due to his history of offenses and history of continuing to accrue new charges even while being under an Order from the court. ██████████ is in need of a higher level of care that can provide him access to treatment needs.
2. Upon return to the community, ██████████ should serve a probationary period. A strict curfew, mandatory school attendance with no unexcused absences and adherence to school policy should be included as stipulations to his probation agreement in addition to the following recommendations.

3. Individual counseling is recommended to help ██████████ improve his decision-making, conflict-resolution, coping, and anger management skills, in addition to addressing his ADHD symptoms. These services can also provide him an outlet to process any past experiences that may be influencing current behaviors.
4. It is recommended that ██████████ biological mother, be made a party to the court order and report any and all probation violations to the York County DJJ Office. Ms. ██████████ should also actively participate in any recommendations made by DJJ and/or his mental health therapist.
5. Family-based services are recommended to enhance ██████████ disciplinary skills and to aid in fostering more structure and supervision in the home environment. Also, family services can assist ██████████ in learning more effective ways to respond to ██████████ should his behaviors start to escalate.
6. Successful completion of a substance abuse treatment/education program is recommended for ██████████. He should also submit to random drug screens to ensure he is not continuing to use illicit substances.
7. It is recommended that ██████████ participate in a gang diversion program.

  
\_\_\_\_\_  
Laura Beth P. Johnson, MSW, LISW-CP  
Social Worker V

  
\_\_\_\_\_  
Lisa Williams, Psy. D.  
Clinical Director  
Licensed Clinical Psychologist



## Appendix D: Before/After Comparison

### Psychological Evaluations Where are we now?

2011	2015
• DJJ file and summary of current charges	• DJJ file and summary of current charges
• Sources of information	• Sources of information
• Background information	• <i>Relevant history</i>
• Family functioning	• <i>Mental health symptomatology</i>
• Behavioral observations	• Behavioral observations
• Mental status	• Mental status
• Juvenile's account of offense/acknowledgement of harm caused	• Juvenile account of offense/acknowledgement of harm caused
• Cognitive/academic functioning	• Cognitive/academic functioning
• Personality/emotional functioning	• Personality/emotional functioning
• Summary	• Summary
• Resiliency factors	• Resiliency factors
• Diagnostic impression	• Diagnostic impression
• Needs and recommendation	• Needs and recommendation
	• Improved Process? TBD . . . .

## **Appendix E: Questionnaire**

- **Do you feel evaluations are important?  
If yes, why?**
- **Is the content easily understood?**
- **What do you like about the reports?**
- **What kind of information is helpful?**
- **Is there anything not in the reports that you would like to see added?**





## **Appendix F: Evaluation & Consultation**

- **A Treatment Perspective**
- **Disposition Options**

# Evaluations & Consultations: A Treatment Perspective

Jennifer Miller-Green, PhD – Dir. of Psychology – SCDJJ  
Joseph R. Harris, Jr., PhD - Midlands Region Supervising Psychologist - SCDJJ

Q: Why do psychologists administer abbreviated intelligence tests rather than more comprehensive ones?

A: Because the primary goal of the psychological evaluation for adjudicated juveniles is to identify any gross problems with reasoning abilities rather than to identify specific strengths and weaknesses within thinking. If test results suggest a potential problem area, the psychologist will make a recommendation for a full Psycho-Educational Evaluation within the school, which will address specific strengths and areas needing remediation.

Q: Why would a psychologist not repeat intelligence testing on a juvenile who had undergone intelligence testing during a previous evaluation?

A: Depending upon how long ago the prior evaluation was conducted, intelligence testing may or may not be appropriate. The standard timeframe for repeating intelligence testing is if it has been over two years since the last evaluation. Intelligence tests are susceptible to "practice effects," meaning that the test-takers' familiarity with the tests might cause them to score higher. Also, intelligence test scores become more stable with age, so there is little to gain from multiple administrations of those tests.

Q: What is the best course of action to take if the juvenile had a prior evaluation, but new information has surfaced that is cause for concern?

A: Order a consultation so that a psychologist can meet with the juvenile, conduct a thorough interview and mental status exam, and update any testing deemed necessary to address the referral questions/concerns.

Q: What can psychiatrists do that psychologists cannot do?

A: Psychiatrists can prescribe medication, whereas psychologists cannot. If a juvenile is prescribed psychotropic medication at the time of admission to an Evaluation Center, s/he will automatically be referred to see the psychiatrist. If, during the course of the evaluation, it appears that the juvenile could benefit from medication, s/he will be referred to the psychiatrist for further assessment. The results of that assessment will be recorded in the Psychosocial Evaluation.

Q: Why are different tests used in some reports?

A: Although there is a standard battery of tests, depending upon a variety of factors (e.g. reading level, history of mental health problems, symptoms observed or reported by the juvenile, other test results, etc.), certain instruments may be deemed more helpful and appropriate for the case.

Q: Why are Community Evaluations suggested rather than secure evaluations?

A: Both evaluations assess the same domains that are potentially contributing to the juvenile's delinquency. The only difference in information would be regarding the juvenile's adjustment to the Evaluation Center, which provides limited information regarding the juvenile's prognosis. Whenever possible and appropriate, Community Evaluations are recommended in order to maintain the juvenile in the least restrictive environment and with as little disruption possible to the juvenile's life. Further, research has shown that even limited exposure to a more restrictive environment (e.g. an Evaluation Center) increases recidivism risk.



## **Disposition Options**

These are the disposition options the judge may decide upon in court.

### **Probation**

- May last until a juvenile's 18<sup>th</sup> birthday
- Probation Violations are valid so long as they are filed prior to the date that the probation is scheduled to end
- Court can order specific restitution (monetary or community service) in which defense counsel can request a restitution hearing
- By law, juveniles are entitled to Earned Compliance Credit (ECC)

### **Community Evaluation (CE)**

- Available in any kind of case
- ANY option/evaluation/examination/etc. available via a secure evaluation is also available in a Community Evaluation
- May be done in a juvenile's local county DJJ office or in a Short Term Alternative Placement (STAP) which is an out-of-home community based setting to which a juvenile is sent for shelter and/or treatment
- Can be suspended upon probation, in which the evaluation would only take place if probation is violated

### **Secure Evaluation**

- Available in any kind of case
- Done at a DJJ secured Evaluation Center
- By law, the evaluation must be completed within 45 days
- Can be suspended upon probation, in which the evaluation would only take place if probation is violated
- Evaluations are utilized for information gathering and treatment options for the juvenile, not punishment

### **Determinate Sentences**

- NO evaluation is required prior to a determinate sentence
- Sentences can be up to 90 days per charge
- Sentences can be run consecutively or concurrently
- Can be suspended upon, or followed by, probation

### **Indeterminate Sentences**

- A sentence of commitment imposed without specifying a fixed period of time other than "not to exceed the juvenile's 21<sup>st</sup> birthday - length of stay is determined by calculations based upon parole guidelines
- Requires that either a CE or Secure Evaluation was completed prior to ordering

- As long as a prior CE or Secure Evaluation is available to the court at the time of sentencing, another evaluation is not required (even if the old evaluation is more than one year old)
- Status offenders MAY NOT receive indeterminate sentences
- Can be suspended upon a determinate sentence or probation
- An indeterminate sentence is followed by parole, not probation
- Court can order specific restitution (monetary or community service) in which defense counsel can request a restitution hearing
- Guidelines for juveniles committed on probation violations are calculated based upon the most serious offense the juvenile is on probation for

### **General Guidelines**

- Family Court jurisdiction for adjudicated juveniles can last until his/her 21<sup>st</sup> birthday
- A sentence can be suspended "to" anything: probation, a fine, completion of a specific "task" (such as community service) that is due by a certain date/time
- Any sentence can be suspended to either MANDATORY or DISCRETIONARY placement which will include probation to go into effect either upon placement or release from DJJ
- No specific placement can be ordered – placement is determined by DJJ and is based upon whatever is determined to be the "most suitable corrective environment" for a particular juvenile
- All offenders by law are entitled to pre-dispositional credit